

UNIVERSITY OF CALGARY

Exploring Ethical, Regulatory, and Practice Issues in Online Clinical Social Work

by

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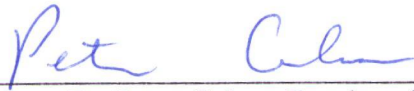
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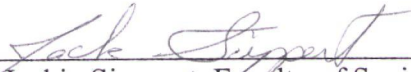
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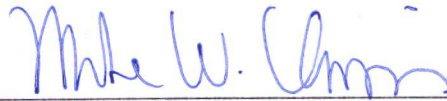
The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled Exploring Ethical, Regulatory, and Practice Issues in Online Clinical Social Work submitted by Andrew D. Baxter in partial fulfillment of the requirements for the degree of Master of Social Work.



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Dedication

For my parents.

Abstract

This exploratory study investigates the emerging ethical, regulatory and practice issues in the area of online clinical social work in Canada. As technology plays a greater role in the delivery of clinical services, it is imperative to assess the benefits and limitations to ensure safety for workers and consumers. A semi-structured interview was conducted with 11 provincial social work regulators from across Canada. In addition, a 24-item survey based on issues identified in the literature was administered to 16 key informants recognized as leaders in their respective provincial organizations. Although respondents identified potential advantages, they had extensive concerns regarding online practice in areas such as jurisdictional issues, protection of the public, and conducting assessment with a lack of visual/auditory cues. The study makes recommendations based on the findings for future research, as well as recommendations for provincial organizations and the Canadian Association of Social Workers.

The art of progress is to preserve order amid change and to preserve change amid order.

-Alfred North Whitehead

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Chapter One: Introduction

The Internet has entered into the realm of the mental health professions and social work is no exception. Marson (1997) points out the irony that a computer network once designed for a military purpose is now being widely used by social service agencies and practitioners. While some use the Internet to simply provide descriptive information on agency policy, mission statements and practice, others have found more extensive utilizations. For example, social workers have generated web-based resources for the profession and posted them online (Shultz, Fawcett, Francisco, Wolff, Berkowitz, & Nagy, 2000). Many social service agencies have adopted the Internet as a tool for fundraising and volunteer recruitment (Finn, 1998). Many schools of social work now deliver part of their curriculum through online classes. Perhaps most ambitious, is that some social workers are now delivering clinical services through web tools such as email and chat.

The use of the Internet for the delivery of clinical services has extensive ramifications for clients, practitioners, and social work as a profession. Internet technology utilized in such work has the potential to bridge vast geographical gaps, provide more extensive services to populations, and offer a new level of convenience to clients. Online practice also brings with it new unique ethical dilemmas, professional issues, and security risks. It also creates regulatory issues, liability risks, and competency questions.

Currently it is unclear how widely the Internet is used to deliver clinical social work services. Around the world various professional bodies including psychologists, psychiatrists, certified counselors and social workers, have only just begun to address the

issue of online practice. The research in this area is in its early phases, and professional associations are only starting to develop formalized positions. Online practice models are fast being developed, however there is little empirical evidence to support their effectiveness. To date there has been no investigation of online practice and its implications regarding Canadian social work practice.

The purpose of this study is to *explore the logistical, ethical and regulatory issues of online clinical social work practice in the Canadian context*. It does so by investigating the current thinking of regulators and leaders in provincial social work organizations across Canada.

The study has four major goals. The first is to provide an extensive look at the advantages and limitations of online practice.

In doing so it will explore:

- Practice issues created by a text-based counseling environment
- Regulatory issues created by providing services remotely
- The unique access features of online practice
- The future directions and possible applications of online practice

The second goal is to raise Canadian social work awareness regarding online practice. Many workers are unaware that this form of practice exists. Through a review of the relevant literature this study will provide readers with a thorough introduction to how online counseling is being conducted. It will explore the debate surrounding online practice and what those who favor the medium have to say along with what those who are opposed argue.

The third goal is to inform each province/territory of how other provincial

organizations are approaching online practice. This information will allow provinces/territories to assess how others in the country are approaching social work on the Internet, with the aim of setting the stage for a more consistent development. The final goal is to provide practical suggestions for how the provincial organizations can start to take action to address online counseling. The results of this study will serve to assist the provincial associations in the formulation of policy to better guide practice. It also aims to raise awareness among mental health practitioners who are currently practicing or considering practice through this medium by identifying potential logistical and ethical barriers.

The literature uses numerous terms when referring to the phenomena under examination. When two parties are using a text based Internet medium to receive or provide counseling or psychotherapy, readers will come across terms such as *cybercounseling*, *etherapy*, *Webcounseling*, *therap-e-mail*, *online practice*, and *online counseling*. These numerous terms are a symptom of this area of practice being relatively new with a limited body of literature. For the purposes of this study the terms *online practice*, *Internet practice* and *online clinical social work*, will be used synonymously. Some quotes from external sources however use various identifiers to describe the process.

This study is divided into five chapters. Chapter One describes the research question and establishes the goals for the thesis. Chapter Two gives readers background information on the issue through a review of the relevant literature. It examines the process of online counseling as well as its current applications and prevalence. The chapter examines the advantages and limitations of the practice and reviews the debate

currently underway regarding online provision of services and describes the major participants. Chapter Three explains the methodology of the study and why it was selected. It reviews the sampling strategy, and how data was collected and analyzed. The methodology chapter also includes the ethical considerations made for the study. Chapter Four presents the findings from the data. Chapter Five discusses the findings of the project, and provides recommendations for the national and provincial organizations. In addition it examines the areas for future research on this topic.

Chapter Two: Literature Review

This chapter will provide a synopsis of the literature. Its purpose is to provide background information about online counseling and describes the context of this study. The chapter will discuss the extent of online practice, how it is practiced, and the types of client issues that are being addressed by this medium. It will also outline the strengths and limitations for clients and professionals that use online counseling. Finally, it will present perspectives from the debate that is currently being waged over the clinical application of Internet tools.

Use of Online Counseling

Currently the number of professionals using the Internet to deliver clinical services is unknown. This section will examine literature that estimates the number and educational background of professionals who are currently practicing online. It will review the complexity of attaining an accurate count of professionals providing services on the Internet.

It is difficult to tell how many clinicians, let alone social workers, are currently using the Internet to deliver clinical services. Little research has been done to investigate the *who* and *how many* regarding online counseling. Reports vary of the numbers of professionals practicing using this medium, and therefore researchers struggle to obtain an accurate count. In Griffith's (2001) article, which serves as an introduction to online practice for interested counselors, he estimates the number of counseling sites to be around 200, offering access to 350 counselors. Conversely, Freeny (2001) suggests that the number is in the thousands. In 1997, Samson, Kolodinsky and Greeno published a simple study that used a web-crawler, a search tool on the Internet that actively seeks out

new web-pages, indexes them and adds them to a data base (Vernon & Lynch, 2000). The researchers entered the word 'counselor' as their only search parameter. A total of 3,764 sites were identified. The authors then randomly selected 160 web pages for the study. Of the 160 sites, they found that 15% dealt with direct counseling services to clients. Based on this percentage they concluded that at the time of the study there were at least 275 service providers on the Internet. The service providers reported to have varied educational backgrounds including M.D., Ph.D., M.A., L.P.C. and M.S.W., however many did not state their qualifications. The authors conducted a second search 30 days later on the same web-crawler. By using the same search parameters (the word 'counselor') there were 3,983 pages listed, a growth of six percent over a one-month period. After three months the authors repeated the search and found a 15% increase in the number of listed pages. They projected that this would result in an annual growth rate of 55% in service providers on the Internet.

It is difficult to determine if the growth rate has stayed constant since the authors first conducted the study, however Sampson, Kolodinsky and Greeno use these numbers to argue that online counseling is in need of discussion amongst professional groups. In a study more specific to social workers, Jerry Finn (2002) found 36 online practitioners with social work degrees listed on the Google search engine in November of 2001.

Using a search engine to identify and examine counseling sites is one option, however there are several inherent problems with examining the prevalence and characteristics of the Internet-based practice through this means. One such problem is that many sites are accessible and displayed on a web-browser even after they have been abandoned. Although it may have been possible to successfully determine the number of

sites currently in operation, it is difficult to determine the number of professionals working at each site. Additionally, as found by Sampson, Kolodinsky and Greeno (1997), it is not always possible to tell what type of professional credentials practitioners have, if any, a topic that will be discussed in later sections. Social workers, psychologists, educative counselors, or other professionals, may run sites without listing the nature of their qualifications, making it hard to determine the number of practitioners that are affiliated with any given profession. It is also possible that a site does not list the geographic locations of the operators. We can only guess as to where the counselors who service clients are located.

Another approach taken by researchers to determine who is working online is to examine consumer advocacy sites. One such site is Metanoia (<http://www.metanoia.org/imhs/directory.htm>), a consumer operated site set up to aid potential clients in finding online practices that will meet their needs. In addition to providing advice for new users of clinical Internet services and tips for selecting the right kind of help online, the site provides a directory of online counselors. Consumers compile the directory with a link for interested clinicians to add their sites to the listing. Most listings in the directory contain information about where the service provider is located, areas of expertise, training and credentials.

Researchers have also used these types of directories to estimate the number of professionals offering online services. In 2001, Jerry Finn found that there were 18 clinicians with MSW listed among their credentials on the Metanoia directory, however this method of counting clinicians is also problematic. Often the sites listed in the directories are inactive. Given that the directories are created by clients who use the

services themselves, or by voluntary submissions by the professionals, it is likely that many clinical sites are absent from the listings. Because the Internet is in a constant state of change, it is difficult to keep the listings found on web-directories up to date. When this author checked Metanoia on 4/19/2003, the website listed information that was last updated 7/5/02, therefore it contained information that was a year and three months out of date.

Researchers are also using surveys to discover who is practicing online. Maheu and Gordon (2000) conducted an electronic survey to investigate the demographics and professional training of web counselors. By posting announcements of the survey on professional email lists, the authors recruited a sample of 56 respondents. The majority of the sample was comprised of psychologists (28 respondents), followed by psychiatrists (9 respondents), and seven of the respondents identified themselves as social workers. The rest of the sample consisted of a combination of respondents who put themselves into the categories of "Pastoral Counselor", "Marriage and Family Counselor", "Other Counselor" and finally "Other". The majority of the sample (49 out of 56) indicated that they were licensed or certified in their given profession. This is one of the few studies that have examined the number of social workers in online practice.

There is even less research available that tries to determine how many social workers are practicing online in Canada. In the 2000 Maheu and Gordon study, 16 out of the 56 respondents indicated that they were located outside of the U.S. and half of those were from Canada. The breakdown of profession by country, or how many Canadian social workers were providing services, was not reported.

Although we do not have an accurate idea of how many Canadian social workers

are using the Internet to serve clients, researchers agree that in general, the number will only increase as the levels of Internet usage increase (e.g., Finn, 2002; Robson & Robson, 2000; Maheu & Gordon, 2000; Manhal-Baugus, 2001; Sampson et al., 1997).

Scope and Practice

Despite the number of clinicians practicing online being unclear, there is information as to how clinicians are practicing, and what client issues they are encountering. This section will explore the types of issues that clients are trying to address in the online environment. It will also explain the format and process of online counseling, as well as how much is being charged for these services.

Researchers have found that professionals online are dealing with a wide variety of client issues. Mood disorders, anxiety, trauma, sexual issues, relationship problems, eating disorders, grief and suicidal ideation are all issues being dealt with in online practice (Maheu & Gordon, 2000; Segall, 2000; Cook & Doyle, 2002). Practitioners are also using online groups to help clients address the above issues (Suler, 2001; Oravec, 2000; Hsiung, 2000). In the group format, clients meet with a professional in a chat room, or via an electronic bulletin board, and post messages to the therapist or to other group members.

Online clinicians are using a variety of Internet tools to communicate with clients. Teleconference, videoconference and voice-conference are now available over the Internet; however, it appears that the most common form of online communications occur using text-based media found in chat rooms, bulletin boards and emails (Heinlen, Welfel & Rak, 2003). It was recently estimated that 90% of online clinical work occurs as typed exchanges (Freeny, 2001; Manhal-Baugus, 2001).

How online clinicians charge for services, as well as how much, seems to vary widely. Some practitioners offer discounted hourly rates compared to their traditional clinical practice, whereas others charge the same for their online time. Segall (2000) explored online counseling as a client and discovered sites that billed per email question, per hour in a chat room, or even on a per-month of service basis. In the online survey conducted by Maheu and Gordon (2000), over half of the practitioners (55%) responded that they did not charge for their services, while those that did had rates that ranged between \$50-60 per hour. However, when Laszlo, Esterman and Zabko (1999) sampled 40 counseling sites, they came up with different figures. They found the cost of real time chat sessions to range from \$25 to \$90, with an average of \$45 for a 45-minute session. Out of the 40 sites sampled, 10 were operated by social workers.

Advantages and Limitations of Online Counseling

There are a great number of theoretical articles that debate the various advantages and limitations of the types of online practice discussed in the previous section. Because there have been few quantitative studies investigating the effectiveness of the medium, many articles are based on first hand experience, anecdotal information, or theoretical assumptions. This section will review the advantages of online counseling that have been proposed in the literature and examine some of the findings that support its effectiveness.

Advantages

Improved access to services is the most obvious advantage of online clinical practice (Banach & Bernat, 2000; Frame, 1998; Jencius & Sager, 2001; Lebow, 1998; Robson & Robson, 2000). People who are geographically isolated are able to choose

from a greater selection of services, or are able to access services that simply were not available to them before. Individuals with social phobias can have access to clinical services without having to leave their homes. People without transportation, such as the elderly and disabled, may be better able to get to a computer than travel to a traditional appointment. Clients in remote locations, or with limitations, are given a wider range of choice when it comes to selecting an online worker (Jencius & Sager, 2001; Robson & Robson, 2000).

If the client and professional are using a chat medium, it becomes easier to schedule appointments for both parties (Childress, 1999; Jencius & Sager, 2001). Given the asynchronous nature of email, clients and professionals can compose their messages and responses at any time of the day. Fenichel (2001) indicates that over the Internet, clients can get a more immediate response to their queries, bringing a new level of convenience to clients. Childress (1999) states that the Internet is advantageous because it can serve as an effective way to screen potential clients. Clients are able to ask quick email questions and receive consults as to whether or not they have significant clinical issues.

Proponents of online clinical practice also consider the added sense of anonymity as an advantage. Clients with stigmatizing problems may be more likely to access online services compared to face-to-face sessions (Banach & Bernat, 2000; Childress, 1998; Fenichel, 2001; Suler, 2001). It has been proposed that not only are clients more likely to attend a more discrete session, but once they are there, they are more likely to disclose information to the clinician.

...it is recognized from previous research that communication online creates an experience which [sic] is much more "open" than off-line.

And this is replicated within the counsellor's and client's interpretation of the therapeutic relationship. This not only facilitates the mutuality of the relationship, but also makes for the work to be an honest representation of the client's situation; where face-to-face, a client's guilt or shame may prevent them [sic] from being able to communicate effectively. (Anthony 2000, p. 626)

By using case examples, client testimony, and anecdotal evidence, Murphy and Mitchell (1998) describe the advantages of what they call *therap-e-mail*, a service that they offer on their Canadian based website (www.therapyonline.ca). The authors indicate that email correspondence offers conveniences not found in traditional clinical settings. Both clients and clinicians have time to compose, edit and re-write their submissions. The authors propose that the clients, through typing out their problems, will externalize their issues. "This process allows clients to develop some distance from their problems and to see themselves and their relationships as distinct from the problem itself" (p. 27). Other authors support the notion that for the client, simply writing an email is a therapeutic process (Oravec, 2000; Robson & Robson, 2000). Fenichel (2001) notes that writing reduces inhibitions and clients are more likely to open up to the clinician. Some authors feel that there is a heightened transference and counter transference in online practice that aids in the therapeutic process (Suler, 2000).

Murphy and Mitchell (1998) indicate that the passive record that is created while working via email has logistical advantages. Clinical supervision is made far easier when a verbatim account can be reviewed. The supervisor now has the exact words of the client and professional to examine, which can easily be mailed to them electronically. The clinicians can email session responses to their supervisors and have them approved before they send an email on to the clients. The text transcripts can also be used for consultation with other professionals who may be in different geographic locations. In

addition, clients are able to have a record to track the changes they have made, and to review goals established and reached during the clinical process.

Murphy and Mitchell also argue that the text record created during email sessions holds the clinician to a higher ethical level of practice.

It demands a level of ethical behavior that is beyond reproach. A therapist might, for example, make an inappropriate sexual comment in a face-to-face interview with a client. Only an idiot of epic proportions would write the same comment down and send it to their client. In a very real sense, the written document forces impeccable ethics. (p. 27)

Because both the client and the practitioner have a copy of their email exchanges, both parties are more accountable for their actions and statements during the clinical process.

Murphy and Mitchell (1998) also address how they handle the lack of visual information in online practice. Critics of e-therapy have raised concerns that the emotional context of messages between the counselor and client will be lost because of the text environment. There is also concern that the lack of visual and auditory cues will limit the level of communication. Murphy and Mitchell suggest that these issues can be resolved. The authors use what they call *emotional bracketing* to place the emotional content of a message in brackets with the corresponding sentence. Their article provides an example: “It has been several weeks since I have heard from you John (concern, worry) and I would very much appreciate it if you could at least acknowledge this email (feeling pushy, demanding)”(p. 24). The authors also use what they call *textual visualization* and *descriptive immediacy*; these methods apply a technique where the writer inserts the visual cues that the reader might be missing. The authors provide the following illustration:

If you were standing beside me as I write this, Tanya, you would notice me stopping often, falling back against the back of my chair saying “that’s incredible” to myself. Your recent successes against guilt are so wonderful that even now I find myself (right now!) stopping in the middle of the sentence, my hands towards the computer screen, my mouth wide open as if to say ‘this is amazing. How did she defeat guilt?’(p. 24)

Others use what are called emoticons, figures created by different characters on a keyboard. Perhaps the most common example is a happy face created with a colon and the right parenthesis key [i.e., :)] however, there are numerous others. Users are finding new and creative ways to insert emotional content into their text-based messages. Many chat software applications now come with the capability of sending pictures, which can denote an emotional state.

Support for Effectiveness

There is some initial evidence to support the effectiveness of text-based clinical settings. Anthony (2000) conducted a study where he held interviews with eight online counselors and one client. The 15 hours of raw data generated 88 points of interest in an open coding analysis. Eventually six themes emerged from the data set: *Rapport*, *presence*, *openness*, *quality of written communication*, *fantasy via visual representation*, and *opportunity/anonymity*. The author suggests that the client and worker in an online environment have an advantage over face-to-face sessions in that there are no limitations created by visual contact. “I offer a hypothesis that the client develops a fantasy of the counselor that is the ‘best fit’ of the type of counselor he or she wants” (p. 626).

Cohen and Kerr (1998) examined the effects that computer mediated counseling has on the clinical process. In their quantitative study, the authors recruited 24 undergraduate student participants who identified themselves as wanting help with

anxiety. The researchers then selected six graduate students with counseling experience to work clinically with the participants. The participants were randomly assigned to participate in either one face-to-face session or one chat mediated session with the counselors. Counselors, in both conditions, followed a semi-structured interview format and explored the clients' anxiety, its cause, and possible solutions. The clients were asked to complete a State Trait Anxiety Inventory before and after the session. Once the session was complete, the participants in both the face-to-face and computer mediated conditions were asked to complete a counselor rating form. It required the participants to rate the counselors on perceived *expertise*, *attractiveness* and *trustworthiness*. Clients also completed a session evaluation form, which examined the *depth*, *smoothness*, *positivity*, and *level of arousal* the client experienced in the session. The analysis showed that anxiety levels dropped equally in both the experimental and the control group. Cohen and Kerr found that the computer mediated chat had no impact on how clients rated the counselors in terms of expertise, attractiveness or trustworthiness. Furthermore, depth, smoothness, positivity, and level of arousal seemed to be unaffected by the chat room process. The authors do note, however, that their sample was far above the national average in terms of their computer usage and familiarity with the software.

Cook and Doyle (2002) set out to determine if the therapeutic relationship formed in an online setting was as strong as the ones formed in traditional face-to-face relationships. To test this, the authors recruited 15 online counseling clients and had them complete the Working Alliance Inventory (or the WAI). The instrument uses items with Likert-type scaling and is designed to measure the relationship bond between the worker and the client on three constructs: *tasks*, *bonds*, and *goals*. The authors then

compared these results to a face-to-face control group. They found that all of the scores on the WAI were higher in the online client condition when compared to the control, however only the *goals* subscale was statistically significant. Cook and Doyle suggest that a strong working alliance can be established regardless of the clinical session being mediated by computers.

The authors also collected comments from the study participants and found that several themes emerged from the data. Clients appreciated the *low cost* of online therapy, advantages of text-based communication such as the ability to re-read messages and the more intense process of writing, as well as the fact that there was no *travel* involved to reach sessions. But most of the comments centered on *disinhibition*:

Participants described the sense of freedom they felt to express themselves online without embarrassment or fear of judgment from the therapists. Many expressed the stress they typically feel in a face-to-face therapy situation and indicated that, for the first time, they were able to be completely honest and open with a therapist. (p. 101)

The study was not without its limitations. The sample used was not randomized rather it was self-selected. The researchers recruited subjects through links posted on practitioners' websites, as well as through email announcements sent out by the therapists. Clients who have had positive experiences with online counseling may have been more likely to participate. Although these are very preliminary findings, they suggests that computer mediated interventions do not impair the clinical process, and may in some ways offer unique benefits compared to traditional settings.

Limitations

Although online practice offers unique advantages, and some preliminary study results support its effectiveness, it also presents new logistical and ethical concerns. The

following section is a discussion of these issues, which have been categorized under the headings of the *technological gap*, *text-based media*, *identity*, *security/confidentiality*, *competence*, *working remotely*, and *jurisdiction*. It is important to understand that these categories have been created for the purpose of discussion. The categories are not mutually exclusive; rather they impact and overlap one another.

Technological Gap

Although Internet services are becoming more readily available through libraries and public Internet cafes, there are many people that do not have easy access to the Internet. According to Statistics Canada (www.statcan.ca) in 2001, 40% of Canadian households were without an Internet connection. As household income drops, so does the rate of Internet connectivity. For example, 87.3% of households in the highest income quartile (those earning \$70,000 or more) have Internet connections. The percentage drops to 31.6% in the lowest quartile (households with earnings of \$23,000 or less). Clients who use the Internet for clinical services must be able to afford an Internet ready computer along with the additional cost of Internet service fees. Consequently, the question has been raised that serving clients through computer-mediated technology may be discriminatory against those without the financial resources to pay for home Internet access (Griffiths, 2001; Oravec, 2000). Given that one of social work's core values is to service and advocate for the under-privileged (Reamer, 1999), social workers must consider which client populations they can service via Internet communications.

Text-Based Media

As previously mentioned, the majority of online clinical practice is conducted through text-based communication systems such as email and chat. The very nature of these media means that potential clients with literacy issues are impeded from receiving services. Even those with basic literacy skills may not find text-based communication effective, rather only those who are truly expressive and articulate writers may benefit from the text-based environment (Bloom & Walz, 2000; Lonner, 2001). Basic issues such as typing skills may factor in to the success of online interventions with clients. Clients who cannot type may find emailing too time consuming, or they may have difficulty keeping up in a chat session. Clients must also have at least a basic understanding of email and chat software to participate in online counseling. This requirement may also eliminate prospective clients from the services offered.

Even if clients are literate and have sufficient computing skills to use online counseling, again, critics challenge the effectiveness of a clinical environment that lacks visual and auditory cues. "Many critics question, citing traditional counseling theories which are highly critical of counselors who cannot and do not attend to client visual cues, the apparent dangers of offering web counseling services..."(Bloom, 1998, p. 55). Of particular concern is that text-based communication fails to establish rapport, and convey the emotional content of clinical sessions (Banach & Bernat; 2000; Childress, 1998; Fink, 1999; Griffiths, 2001). Critics are asking if it is possible to show a client adequate care and empathy through writing. Can a client express the severity and complexity of an emotional problem to a counselor through a keyboard? Oravec (2000) is of the opinion

that because messages are typed, they may be short and terse, lacking the depth required for effective clinical work.

Identity and the Validity of Data

Because there is a lack of visual and auditory cues in an online environment, it raises questions of identity. Not being able to verify a client's identity through a visual or auditory means has extensive ramifications on the clinical process. Clinicians may have very limited information about their clients if all they provide are email addresses and usernames. Little can be determined about a client's location, age, or gender beyond what the client describes. It is much easier in an online environment for an individual to adopt a false identity and use it to manipulate the counseling process (Robson & Robson, 2000; Jencius & Sager, 2001). "Since many kinds of online interaction do not yet involve video transmissions, clients can assert that they have certain demographic characteristics without fear of contradiction" (Oravec, 2000, p. 130). This is part of what Bloom (1998) refers to as a challenge with the validity of data. The online therapist is dependent on what the clients disclose about themselves. This could have serious implications for online practitioners. For example, clinicians are committing an ethical violation if they knowingly, or unknowingly, work with underage clients without consent from their parents.

The issue of identity has just as many implications for the consumers of online services as it does for the counselors. A prospective client may have more difficulty verifying a professional's credentials online (Bloom, 1998; Hughes, 2000). Currently, it is very easy for anyone with a computer and a connection to the Internet to create and post professional looking websites and practice counseling without qualifications

(Bloom, 1998; Griffiths, 2001). As noted by Griffiths (2001), in an online environment the client does not have the advantage of seeing the *shingle above the door*.

Security and Confidentiality

Childress (1998) created an extensive list of potential online practice risks and strengths that can be found on the International Society for Mental Health Online (ISMHO) website (www.ismho.org/issues/9801.htm). Childress divides the risks to confidentiality into four categories: Transmission, therapist-end, client-end and legal subpoena. Transmission relates to the way information is passed via the Internet. Often messages will travel through numerous points in cyberspace before they reach their final destination. There is a possibility that messages can be intercepted along the way. Safeguards can be taken, such as using encryption programs, but this is not a guarantee of security. Banach and Bernat (2000) point out encryption may prevent unintended third parties from reading an email, but a skilled computer hacker will only be slowed down in decoding the file. There is also the possibility of hardware and software failures. Servers can go down, files can become corrupt, and email records are simply lost through no fault of the clinician or the client.

The second category, *therapist-end*, relates to the security risks that occur at the therapist's point of access to the Internet. This would include the security of their home or office based computer. Issues such as backing up files, placing passwords on sensitive documents, and protecting against hackers all fall under this category. Critics have pointed out, however, that if a hacker can access the U.S. Department of Defense, then a client's files stored on a therapist's personal computer would not present much of a challenge (Lonner, 2001).

The third category, *client-end*, is the consumer's point of access to the Internet. For example, if a client is accessing online services from work then there is a potential it can be viewed by a colleague or accessed by the employer (Manhal-Baugus, 2001). Likewise, at home, an abusive spouse may have access to the computer that a client is using to email his/her counselor. Threats to security may not only risk clients' jobs, but their personal safety.

Finally, *legal subpoena* are any threats to security involving the courts. Childress points out that currently in the United States, guidelines are not clear if transactions over the Internet are protected by the therapist/client privilege. Client records may be subpoenaed and used against the client or clinician. This would be further complicated by the fact that a client and therapist may reside in different countries with different laws governing the protection of information.

Robson and Robson (2000) raise concerns about online billing. As many online counseling sites use credit card payment methods, clients may also be risking their financial security. "The lack of security on the Internet may make breaches of confidentiality and financial exploitation more common and perpetrators more difficult to trace" (p. 254).

At this point it is not clear if the Internet can offer the necessary security measures to ensure client confidentiality and financial security. The passive account of clinical sessions that is created is often hailed as an advantage for aiding clinical supervision and record keeping, however there are potential dangers to both client and counselor. Such accounts can very easily be copied and transmitted from user to user, both intentionally and by accident.

Professional Competence

Another fundamental question raised in the literature is: Do clinicians have the theoretical base and practice skills to competently deliver online services? Many are concerned that theories of face-to-face counseling have been applied to online environments without any research as to their effectiveness when working remotely with clients (Childress, 1998; Lonner, 2001; Manhal-Baugus, 2001; Oravec, 2000). Authors question if accurate assessments/diagnoses can be made without visual and auditory cues (Childress, 1998; Griffiths, 2001). One of the advantages frequently listed for online counseling is that a clinician can easily deliver and score assessment instruments via the Internet. However, it has been pointed out that there have been few tests done to investigate how the online delivery impacts the reliability and validity of these instruments (Banach & Bernat, 2000). This again calls into question the counselor's ability to accurately assess clients via the Internet.

Some authors feel that even basic clinical processes become awkward when working online. The contracting phase (typically the initial phase of working with a client where the goals and mutual obligations of treatment are established and formalized) and the termination phase (where services are ended) may be more complicated because of the medium (Jencius & Sager, 2001). For example, what determines if a client is officially receiving services? Does a single email consultation constitute a clinical relationship? How is termination with a client handled in an online environment? In addition to having a clinical skill set that is effective in an online environment, clinicians must possess a high degree of competency in the use of chat and email software.

Online clinical sessions are complicated by the fact that the two parties engaged in the process can be anywhere in the world. This creates a number of problems that can have serious implications for professional competence. For example, the ability to handle crisis situations has been called into question (Griffiths, 2001). A counselor may be unfamiliar with the resources local to the client, or she/he may not know where the client is at all (Banach & Bernat, 2000; Childress, 1998; Freeny, 2001). This makes it difficult to direct a client to services in a time of crisis. Similarly, the duty to warn others when clients are threatening harm becomes complicated, or at times impossible.

Cultural competency is also a concern given that the geographical boundaries of the Internet are limitless. Clinicians may have little knowledge of regional or cultural differences that impact their clients who are located around the world. Issues such as political unrest, and differences in cultural norms, may impact the counseling relationship (Fink, 1999). These differences may be detrimental to the clinical process. "Counselors using the Internet are vulnerable to cultural insensitivity and unintentional discrimination against their non-White, non-Western clients... In a time when sensitivity to cultural and ethnic diversity is paramount and effective interventions essential" (Frame, 1998, p. 329).

There are also logistical concerns created by the geographical separation of client and counselor. For example, the chat appointments must be made with time zone differences taken into account (Robson & Robson, 2000). When it comes to payment for services, issues such as international exchange rates become a factor. These must all be considered before engaging a client in online practice.

Jurisdiction and Regulatory Issues

Online counseling can provide access to remote populations, people without

transportation, and individuals with disabilities. This is hailed as one of the medium's greatest advantages over traditional face-to-face sessions; however, the access feature also creates a series of complicated problems when it comes to jurisdiction and regulatory issues (Levine, 2000). The first issue is that currently there is no mandatory registration for online practitioners. As mentioned before, online clinicians may be from any number of disciplines, or they may have no formal training at all. If a practitioner is registered with a professional body, then regulatory issues arise. Internet services may cross over multiple legal and regulatory jurisdictions, giving rise to the question: Whose laws and regulations take priority (Levine, 2000)? Professionals may be licensed to practice in their own provincial or state jurisdiction, but their clients may reside outside of these areas. The joint committee of the International Society for Mental Health and the Psychiatric Society for Informatics issued a report describing their discussion of ethical and logistical concerns while formulating online practice principles (this will be discussed in further detail in the next section). In it the author states:

A contentious question was 'where' online services were provided. Was it where the clinician or patient was located? Some have argued that it was "in cyberspace"! A more productive way to frame the issue was in terms of what was legally required to practice. The clinician should meet any legal requirements where he or she is located, but may also need to meet the legal requirement where the patient is located, one rationale being that it is the local authorities there whose role it is to protect the patient. (Hsiung, 2001, p. 42)

Critics are also concerned about how clients would lodge a complaint against an online professional (Hughes, 2000). Robson and Robson (2000) point out that without the practitioner having a level of accountability created through a complaint mechanism, clinical trust between the client and worker may be difficult to establish. Some counselors do not list their credentials on their website making it difficult for the client to

determine if their worker is licensed and if so with whom (Frame, 1997).

Recommendations for Online Practice

Although there are numerous limitations to online practice, many authors offer suggestions to improve the process and reduce logistical, ethical and practice barriers. Authors have also suggested ways to manage the limitations of online counseling. This section will explore some of the precautions and recommendations that authors and professional organizations suggest online practitioners take when engaging in online practice.

Before starting the delivery of online practice, Murphy and Mitchell (1998) suggest that practitioners should participate in online activities such as chat rooms and emailing as a general user to get the feel for the media and learn the nuances of online communication. This allows the practitioner to get a sense of the social rules, jargon and abbreviations common to chat rooms and online forums. Getting a better feel for the media will allow the practitioners to work more effectively with their clients.

In a U.S. study Koocher and Morray, (2000) surveyed state attorney generals to determine the status of state laws governing the delivery of *behavioral health services*, and to obtain a history of their enforcement. They asked the respondents if their offices had ever received complaints about counseling delivered by electronic means. They found that 5 of the 40 responding states answered yes, and two states had brought charges against practitioners. The authors expected these numbers to rise as online counseling becomes more common, and conclude the article by offering recommendations for practitioners to safeguard themselves against lawsuits. The first suggestion is that practitioners ensure that they are competent at delivering the services that they offer.

Although the authors are not specific, they recommend that practitioners should assess what impact the electronic medium and remote delivery will have on their interventions. Koocher and Morray (2000) write that practitioners should check with their professional liability carriers to confirm that they are covered while practicing over the Internet. Finally, Koocher and Morray recommend presenting clients with a clear set of guidelines in how to deal with emergency situations. Clients should be provided with a statement at the start of the counseling relationship outlining the limitations of confidentiality and the boundaries of practice, such as the response time of the practitioner and the format of the services.

Other authors also recommend that practitioners post an extensive disclaimer on their online counseling sites, providing prospective clients a comprehensive list of the limitations of working over the Internet (Love, 2000). For example, in their article written to inform social workers of the liability risks in online practice, Banach and Bernat (2000) recommend telling clients to go to their doctor before engaging in online practice so that they can rule out any physiological problems that may exist. They write, "A statement detailing the limits of what can be assessed without a comprehensive medical evaluation would reduce liability risks since the practitioner is being clear about their own constraints" (Banach & Bernat, 2000, p. 166). Despite making the suggestion, the authors do not outline what these constraints may be, and do not provide specific examples of assessment limitations. Banach and Bernat (2000) also note that the disclaimer should inform the client that if any legal issues arise, only laws local to the practitioner would be applicable.

Fink (1999) makes further suggestions that practitioners develop a screening process to determine who is suitable for online counseling. He writes that practitioners have an ethical responsibility to evaluate a client's progress in online practice and if they are not benefiting, to make an appropriate referral. According to Fink (1999) practitioners should ensure that all their site information is current. He indicates that counselors should provide a link to their particular regulatory body so that the client can confirm that they are licensed to practice (Fink, 1999; also see Jencius & Sager, 2001 and Love, 2000).

Suler (2001) designed a comprehensive screening process to use with the potential consumers of online services. In his article, Suler states that many problems can be avoided if the client's online suitability is assessed before the provision of services. He recommends that potential clients be assessed on several dimensions including cultural factors, computer skill level, experience in online communications, physical/medical, literacy and personality type. Suler proposes that the assessment be conducted using online media (the article discusses both text and audio/video conference) and that the first session be used as part of the test. Although the article suggests issues to consider, it does not provide a specific guide. Suler hopes that after further research and experience in online work, the instrument can be further refined.

Other suggestions include that clients be given contact information to reach their counselor during offline hours (Jencius & Sager, 2001). Practitioners need to be competent in the software that they use to connect with clients. In order to reduce the threats to security, the use of encryption programs is also strongly recommended (Banach

& Bernat, 2000; Jencius & Sager, 2001). Finally, it has been suggested that online counseling be used in conjunction with traditional face-to-face therapy (Lebow, 1998).

Almost all counselors use the telephone to supplement in-office sessions, handle emergencies, consult, and follow up clients. Text cybercounseling can be used in the same manner, and the counselor may find it less time consuming to reply to clients via email. (Hughes, 2001, p. 335)

Although not a panacea, using online practice supplemented with traditional face-to-face therapy may mitigate many problems. For example, verification of identity and informed consent can be resolved by an initial intake session or periodic in-person contact. The initial in-person session would be used to establish the counseling relationship, subsequent sessions could be held via email or chat.

Finally, authors have encouraged practitioners to become active in trying to shape the future of online practice. They recommend that practitioners advocate for the medium and participate in research endeavors (Gateman & Kirk, 1999).

The Position of National and International Associations

Despite practitioners taking steps to minimize the limitations of online practice, there are still those who advocate that the Internet as a medium is inappropriate for clinical work. A debate surrounding online counseling is currently under way among professional groups. This section will outline some of the key stakeholder groups and examine what they have done to promote or oppose online counseling.

Among those who oppose online counseling is the Clinical Social Work Federation (CSWF), a U.S. based organization comprised of 31 state social work societies. According to the group's mission statement, the CSWF aims to "...promote excellence in clinical social work practice through development and advancement of the profession for

the benefit of clients and clinicians who serve them...” (available online at www.cswf.org/info.html#mission). In 2001, the federation issued a position paper on Internet text-based therapy. In this paper, the CSWF outlines its reasons for being opposed to online practice. The Federation feels that the Internet lacks the adequate security to ensure a client’s confidentiality. They question the accuracy of assessments given the lack of visual and auditory cues, and feel that the medium diminishes the client-therapist relationship. The CSWF argues that informed consent cannot be obtained because there is no way to verify an individual’s identity. They conclude the paper by stating, “So much human suffering has been caused by disconnection –[sic] disconnection between individuals, between thought and feeling, between body and mind – [sic] and e-therapy offers yet another form” (Lonner, 2001, Conclusion section, ¶ 1).

A copy of this paper was sent to the International Society for Mental Health Online (ISMHO). As a major proponent of online practice, the ISMHO is a nonprofit organization comprised of psychologists, psychiatrists, certified counselors, consumers and social workers. The ISMHO was “...formed in 1997 to promote the understanding, use and development of online communication, information and technology for the international mental health community” (available online at <http://www.ismho.org/mission.htm#mission>).

In July of 2001, Michael Fenichel, president of the ISMHO issued a response letter to the CSWF’s paper. In the letter, Fenichel agrees that although there are extensive risks, the medium also offers tremendous benefits to individuals with access issues. He argues that there are numerous reports of consumer satisfaction with online services and rejects the notion that the Internet creates a disconnection between individuals. Fenichel

acknowledges the concerns of the CSWF and states that the purpose of the ISMHO is to establish and promote parameters for responsible and ethical practice. The letter is accompanied by a bibliography of research articles that support the effectiveness of the medium. He concludes by writing:

I can see that your paper is well-intentioned, and carefully constructed,
I cannot see that it has made the transition into the 21st century given
that Internet facilitated communication is now a part of daily life, for
better or for worse. (§10)

In trying to promote ethical online counseling, one of the ISMHO's goals was to develop practice principles for working with clients over the Internet. In 2000, the group developed their Suggested Principles for Online Provision of Mental Health Services available at: www.ismho.org/suggestions.html. The ISMHO published their suggested principles along with a committee report in the "Telemedicine Journal and E-Health" (Hsiung, 2001). In this document the ISMHO outlines three main areas: *informed consent*, *standard operating procedure* and *emergencies* under which the principles are categorized. Each of these larger topics is subdivided into several aspects of practice. For example, the category emergencies has two subsections including *procedures*, which instructs a client what to do in an emergency, and *local backup*, which suggests that the counselor should identify a crisis resource in the client's vicinity. The principles are similar to many of the recommendations made in the literature for practitioners working online. For example, the committee recommends that practitioners have a link to their professional regulatory body, ensure that encryptions programs are used for security and inform the clients of the potential benefits and risks of online practice.

The ISMHO committee report stresses that the principles are a work in progress and will likely change in the future. The principles have been put forth as

recommendations and have been developed to educate and advise professionals rather than regulate them. In the report, Hsiung (2001) concludes by stating:

This project demonstrates that traditional principles of professional ethics can be extended to online services; that comprehensive ethical principles can be developed by groups that cross disciplinary and national boundaries; and that productive collaboration can take place entirely online. (p.44)

In the report, the ISMHO states that it is not the only organization to develop practice principles for online work with clients. The Australian Psychological Society has also issued a paper entitled “Considerations for psychologists providing services on the Internet”. The American Counseling Association (ACA) has issued the “Ethical Standards for Internet Online Counseling” and the National Board for Certified Counselors (NBCC) has released “Standards for Ethical Web-Practice” (Hsiung, 2001).

The NBCC recently investigated if online practitioners are complying with their ethical standards and to determine where online practitioners were most deficient. By using the terms *online* and *practice* on search engines, Heinlen, Welfel, and Rak (2003) sampled 136 websites that offered direct email/chat services to individuals. The sample included sites that were operated by those who claimed to be professionals and those who claimed no credentials at all. They evaluated the sites against all 13 of the standards set out by the NBCC. The authors found that overall there was a low compliance with the standards. Most notably absent were safeguards around obtaining consent for a minor, and identification of an emergency counselor local to the client. The authors were concerned that many of the sites they sampled failed to list problems that were inappropriate for online service. The authors report “sites that offered treatment for eating disorders, major depression, or sexual abuse... seemed oblivious to the duty of the professional to avoid risk of harm to clients...”(p. 67). The study was not without its

limitations. The sampling procedure was not randomized and it was unclear how representative the 136 sites were. The authors are also plagued with the problems of using a search engine to recruit their sample (see the *current usage of online practice* section of this chapter). In addition, the authors admit they used *liberal* criteria when evaluating a site's compliance.

The largest U.S. based association, The National Association of Social Workers (NASW), has played a more neutral role in the online counseling debate. The NASW press has covered the debate between the ISMHO and the CSWF in their newsletter and has interviewed key figures on both sides of the issue (O'Neil, 2002). The association has added a section to their website covering the advantages and disadvantages of online practice for their members to review. To this point, the Canadian Association of Social Workers (CASW) has had little to do with online counseling.

Regulating Online Counseling

Clearly, many professional organizations are divided on how to approach online practice. Even if professional groups do decide to endorse the practice of online counseling, or establish and adopt practice parameters, there still remains the issue of how to enforce them. This section will provide a brief overview of social work regulation in Canada and the U.S., and discuss what the potential issues are for regulating online social work practice.

Although steps have not yet been taken to regulate online practice in Canada, it is important to understand what current regulation entails and its implications for the future of online counseling. The regulation of Canadian social work practice occurs at the provincial level rather than the national level. Social workers meeting educational and

practice requirements register with their respective provincial regulatory bodies and must stay in good standing to maintain their membership. Each province has its own code of ethics and practice standards to govern the conduct of its members. Some provinces have two separate organizations, a *regulatory body* for investigations of complaints and protection of the public, and a *professional organization* for the continuing education for members and advocacy for the profession. Other provinces have combined these two functions into one body where a regulatory branch is in charge of registering professionals and investigating complaints, whereas a second branch works to promote the profession. Provincial legislation dictates that social workers in a given province must be registered, however to date, not all provinces/territories have passed legislation making registration mandatory. For example, all individuals in the province of Alberta with a social work education (Dip SW, BSW, MSW, PhD, or DSW) practicing in the field must be registered by the Alberta College of Social Work. The Social Work Health Professionals Act passed in 1999 mandates this registration. Conversely, in a province such as Manitoba where there is no legislation, membership in the regulatory body is voluntary.

The U.S. functions under a similar system, where social workers are regulated under state law. Most of the current literature focuses on issues arising in the United States with state based regulation, however, many of these concepts are pertinent to the comparable Canadian structure. Regulating practice through state and provincial bodies has several implications for online clinical practice. As mentioned in the previous section because of every province/state having separate registration bodies, it is a major concern that a client's ability to lodge a complaint against a worker will be limited (DuMez,

2000). An additional concern is that regulation of online practice will develop on a state-by-state basis, or in the case of Canada, province-by-province, which is problematic given that Internet practice can transcend regulatory boundaries. If each state develops its own laws in isolation, there will be no consistency across jurisdictional boundaries, making trans-state/province practice difficult (Jencius & Sager, 2001). Proponents of online counseling argue that restricting online practice to the state/province that the worker resides in limits the Internet's greatest strength of rapid communication over large geographic boundaries.

State psychology and counseling boards are considering proposals expressly to restrict on-line counseling. It is only a matter of time before some state enforces its licensing laws against out-of-state cybercounselors. Because it is unrealistic to expect cybercounselors to become licensed in every state, such enforcement of local licensing laws could destroy interstate cybercounseling as a viable profession for experienced and responsible counselors. (Harris-Bowlsbey. p. 341)

Fink (1999) a U.S. based researcher, suggests that professions turn to a federally based registration system to eliminate the jurisdictional issues, however he also notes that state regulators may not want to relinquish their authority to a federal system. Another option is that professionals become licensed in each jurisdiction in which they intend to practice, however this very quickly becomes impractical and expensive for the worker (Love, 2000). A third option is that provincial or state licensure boards join umbrella associations that license practice nationally. For example, the Association of Social Work Boards (ASWB) was formed to facilitate standardized licensing examinations across much of the U.S. and now parts of Canada. The ASWB is currently examining the issue of online practice through their Discipline and Regulatory Standards committee, however as of this writing, they have yet to conclude on their final position. Even if there is a way to create consistent regulation across North America, there is still the issue of

clients from other continents falling outside of jurisdictional boundaries.

As efforts to establish practice parameters for online counseling grow, some fear that if social workers do not participate, other professions will make the key decisions in their place (Menon, as cited in NASW News, 2001).

Summary

Although the literature available in the area of online counseling is currently limited, it appears to be growing rapidly. An increasing number of studies from the fields of social work, psychology, psychiatry and nursing are emerging. Continued effort is being made to investigate the effectiveness of this developing practice area. As well, many online practitioners are publishing their new clinical techniques to deal with the unique online settings. However, the majority of the current literature debates the ethical and logistical implications of servicing clients online. This chapter outlined some of the concerns with online practice, such as the limitations of text-based media, verification of identity online, jurisdictional problems, and risks to the security of information. It also focused on some of the extensive benefits that the Internet offers such as the potential for improved client access, supervision advantages, lower costs, and the added sense of anonymity. Finally, it provided a brief description of key groups involved in online counseling, their position on the issues, and steps taken so far to protect professionals and the public.

Chapter Three: Research Methodology

This chapter presents a description of the methodology of the study. It begins by identifying the selected methodology, provides an overview of the approach, as well as the rationale for its selection. It discusses how the data collection instruments were developed and implemented, and how the key informants were selected. A section discussing the ethical considerations made for the research project is also included. Finally, the chapter describes how both the qualitative and quantitative data were analyzed.

Methodology Selection

This exploratory investigation of online social work practice adopted a mixed methodology approach for the research design. This included a semi-structured interview and a survey component. As discussed in the literature review, online social work practice is relatively new and little research has been conducted, therefore a flexible methodology was required to allow for a better exploration of these new issues. Qualitative data allowed for the contextual detail of the phenomena to be discerned. To strengthen the findings, the quantitative data allowed for known issues in online social work to be weighted. This weighting allowed the issues to be prioritized so that stakeholder groups can know what areas to address first. For these reasons, a mixed methodology design was adapted.

One of the primary strengths of a mixed methodology design is that, by combining both qualitative and quantitative data collection and analyses, the limitations inherent in a single methodology are reduced. Jick (1978) calls this process *method triangulation* where two different, yet compatible, data sources are compared. He states:

The effectiveness of triangulation rests on the premise that the weaknesses in each single method will be compensated by the counterbalancing strengths of another. That is, it is assumed that multiple and independent measures do not share the same weaknesses or potential for bias. (p. 138)

Triangulation allows the results from one method to confirm and elaborate the results from the other, thus providing a more comprehensive analysis. In this study, the analysis of the qualitative data allowed for an in-depth examination of the issues in online clinical social work. The quantitative data allowed for issues identified in the literature to be prioritized according to the respondents. During analysis, the results from the two data sources were synthesized, providing a more thorough examination of the issue.

In his book on research design, Creswell (2003) discusses mixed methodology approaches with reference to four different characteristics, *implementation*, *priority*, *integration* and *theoretical perspective*. This framework provides a useful overview of mixed methodology and will be used to discuss the rationale and design of this study.

In Creswell's model of mixed methodology studies, the first characteristic, *implementation*, refers to the order in which the qualitative and quantitative data are collected. Implementation typically falls into one of two categories, *sequential* or *concurrent*. A sequential design uses the initial data collected to inform any subsequent data collection. For example, the results from qualitative interviews may assist in the design of later questionnaires. In this study, because the results from one type of data were not used to aid in the formulation of the other, the qualitative interviews and the quantitative survey data were collected concurrently.

The second characteristic is *priority*, which refers to the attention given to each data set, qualitative data or quantitative data, in the analysis. For example, a study may use quantitative survey results as the primary findings, whereas qualitative interview

responses serve as a supplement to clarify survey responses. In this study, the semi-structured interview data was detailed and extensive compared to the more specifically focused surveys, therefore, priority was given to the qualitative data. Survey data was used to confirm the results of the qualitative responses and provide a numeric rating, making it easier to identify the most salient problem areas identified by the respondents when dealing with online clinical social work.

The third characteristic is *integration*, which refers to the point in a design where the qualitative and quantitative data are combined. Integration may occur at several stages in a mixed methodology process, during data collection, during the analysis, or a combination of the two. Creswell provides the example of a data collection instrument utilizing both open-ended and closed ended question as integration at the data collection phase. The design used for this study integrates the qualitative and quantitative data during the analysis phase, where overall trends are triangulated between the two data sets, and results are either confirmed, or discrepancies are identified. Jick (1978) refers to the process of integrating data as *convergence*.

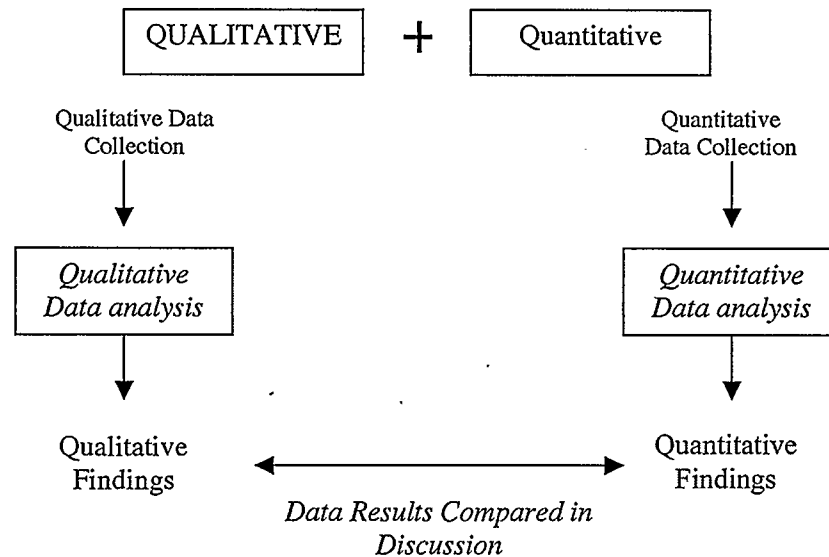
The process of compiling research material based on multi-methods is useful whether there is convergence or not. Where there is convergence, confidence in the results grows considerably. Findings are no longer attributable to a method artifact. However, where divergent results emerge, alternative and likely more complex explanations are generated. (p. 144)

The final characteristic is a design's *theoretical perspective*. Creswell describes this characteristic as the overall framework of a study. Mixed methodology designs typically use either an inductive approach, if qualitative data is given priority, or a deductive approach, if quantitative data is given priority. Because this study gives priority to the qualitative data, an overall inductive approach was used.

Depending on the nature of the study, the theoretical framework may be explicit or implicit. Some examples of an explicit design would include those that adopt a participatory action standpoint, a feminist perspective, or a critical theory perspective. In these examples, the theories would explicitly shape all parts of the research process, from how the literature review is conducted, how data is collected, and how the results are presented. A study with implicit theoretical perspective still uses theory, but its role is less central to the overall approach of the research. This study falls into the latter category. Due to the study's exploratory nature, it adopts a pragmatic approach, in other words, theory does not explicitly guide the research process. As Patton (2002) states: "It is not necessary... to swear vows of allegiance to any single epistemological perspective to use qualitative methods"(p. 136). Patton goes on to say: "there is a very practical side to qualitative methods that simply involves asking open ended questions of people and observing matters of interest in real-world settings in order to solve problems, improve programs, or develop policies"(p. 136). This study utilizes this approach in seeking out the most pragmatic options to explore the phenomena. The flexibility of the design allows for a more detailed investigation.

In Figure 1, a diagram of the overall research process is provided. The model in Figure 1 uses capitalization to emphasize the primary data source, in this case the qualitative.

Figure 1.
Research Design Overview



Adapted from Creswell (2003)

Sampling Strategy

There are several possible data sources for studying online clinical social work practice. Both the consumers of online services and the professionals that provide them are obvious choices, however, there are both ethical and logistical problems in collecting data from these populations. As mentioned in the literature review, it is difficult to estimate the number of practitioners currently practicing online, or to determine their location. Contacting these professionals and obtaining interviews or survey responses would, therefore, prove to be very challenging. Given that this study focuses on the profession of social work in Canada, it would be difficult to verify the location of practitioners responding. In addition, practitioners of online counseling may not be able

to comment on the regulatory issues currently facing the social work profession, a focus of this study.

Clients of online services were also a potential source for data for the research question, however issues of confidentiality and sampling would be difficult to overcome. Again, using consumers as respondents may also fail to provide information on registration, or jurisdictional issues.

In order to overcome these issues, key informants from social work professional organizations were selected as the study population. Patton (2002) defines key informants as "...people who are particularly knowledgeable about the inquiry setting and articulate about their knowledge..."(p. 321). The use of key informants allowed for the best examination of the regulatory and ethical aspects of online practice, given their expertise with the regulation of the profession. However, this methodological choice is not without disadvantages. Patton goes on to state that:

The danger in cultivating and using key informants is that the researcher comes to rely on them too much and loses sight of the fact that their perspectives are necessarily limited, selective, and biased. Data from informants represent perceptions not truths. (p. 321)

Due to the limited number of provincial organizations in Canada, a census strategy was adopted. As mentioned in the literature review, Canadian social workers are regulated by provincial organizations, however, not every province has yet established a regulatory body. In some cases the regulatory body exists as a separate component to the professional organization, which tends to focus on the education of its members, and the promotion of the profession, while in other provinces, the roles of these two organizations are combined. The Northern Provinces and territories have yet to establish a regulatory body, however they have formed a professional organization, the

Association of Social Workers of Northern Canada (ASWNC) that covers Nunavut, the North West Territories, and the Yukon.

The recruitment process of this study targeted the registrars of the professional organizations, where available. All ten of the registrars in Canada participated in the semi-structured telephone interview and completed the survey. In the case of the North, the president of the ASWNC selected a member who was thought to be the most knowledgeable on the topic, and was in a position of leadership in the organization. Together the registrars for the ten associations and the ASWNC representative comprised the *primary respondent* group for the study. They were interviewed and completed the survey. For the purposes of clarity, this group is referred to as the *registrars* or the *primary respondents* through out the study.

All ten of the registrars (and the president of the ASWNC) were asked to recruit an additional key informant to serve as the *secondary respondent* for that organization. Criteria for the selection of secondary respondents were that nominees should be a member of the professional organization, be in a leadership position, and have some expertise, interest or experience with online clinical practice. These respondents were asked to complete the survey, but not the interview component.

Advantages of selecting the registrars as the primary respondents include:

- Knowledge of ethical issues in social work
- Ability to comment on jurisdictional and registration issues
- Ability to represent the current thinking of the social worker profession in their jurisdiction

Ethical Considerations

Patton (2003) provides an ethics checklist for qualitative researchers and examines considerations that should be attended to in any research project. Many of the checklist items are relevant to this study and provide a useful framework for the ethical considerations to be discussed. The first item for consideration on Patton's checklist is *explaining purpose*. This item instructs the researcher to ensure that there has been adequate explanation given to the respondents as to the goals and process of the study. In this case, this was done through contact letters to the respondents mailed before the interviews (see Appendix A and B). Respondents were invited to ask the researcher any questions they had about the research project.

Patton's second issue is *promised reciprocity*, or what the respondent can expect for their participation in the study. In this project, all of the respondents will be provided with an executive summary of the findings and will be encouraged to access the entire report. The findings will be of interest and relevance to all of the provincial organizations, given they are facing many of the challenges created by online counseling. This study will provide recommendations and possible courses of action they can take to address these emerging issues.

The checklist item *risk assessment* instructs the researcher to identify any negative repercussions the respondent may suffer as a result of their participation. The psychological risks with this project were minimal for respondents, given that they provided their professional opinions regarding non-personal issues. However, there was a slight possibility for the respondents to be impacted by political repercussions. Each respondent is a member of their respective provincial organization and may have made

comments that were unpopular with their memberships. In addition, the sampling technique used may have made the survey respondents feel pressured when asked to participate by the recruiting informants. These potential risks were dealt with in two ways. First, all respondents were reminded that their participation was completely voluntary. Second, identifying information was removed from the interviews and the surveys. Although the registrars hold public positions within their provincial organizations and could easily be identified as participants, all information that indicated which province the opinion came from was removed from the report. In this way, although the participants may be known, their responses were anonymous among the eleven provinces, thereby minimizing any political repercussion risks.

Patton's checklist also includes items that deal with *confidentiality* and *data access and ownership*. Researchers are to address issues such as how confidentiality will be insured, where data will be stored and who will have access to it. For this project, only the researcher and the supervisor have had access to the data. All interview recordings have been stored in a locked office at the University of Calgary. The recordings will be stored for five years, as outlined in the University of Calgary data storage policy, and then destroyed. The same protocol has been followed for the survey data.

The final relevant checklist item is that of *informed consent*. Here Patton instructs the researcher to take into consideration what type of informed consent is necessary and the requirements of the respective institutional review boards. Informed consent was addressed in the consent form (Appendix B) and again before the interviews took place.

Both the Faculty of Social Work's internal review committee and the University of Calgary's Ethics Review Board approved the project before its initiation.

Data Collection Instruments

Interview Questions

Given that this study is exploratory in nature, the open-ended questions were designed to allow participants the greatest flexibility possible in their responses (see Appendix E). This format was chosen to allow respondents to develop issues and ideas they thought required attention. The questions had respondents put forward what they viewed as the benefits and limitations to online practice, identify emerging ethical issues and postulate what roles the CASW and provincial organizations can play. Probes were used to elicit further detail from the participants' responses. Like the survey items, the interview questions were also piloted. Again, the same individuals who supplied feedback on the survey reviewed the interview questions for clarity, effectiveness, and scope. The interview questions went through numerous revisions to improve the wording of the questions and the overall format of the interview.

Survey

This 24-item survey (see Appendix F) was developed from some of the key issues identified in the literature. The survey uses a Likert type rating scale with the categories *strongly agree*, *agree*, *disagree*, or *strongly disagree* to measure the respondents' level of agreement with each item. Earlier versions of the instrument included a five-point scale with a mid-point, however this was later revised in favor of no mid-point, to force a position from the respondents. The survey was piloted twice before the final draft was

reached. The first pilot was conducted with a practitioner of online clinical social work with knowledge of the online clinical process and emerging practice issues. The second pilot was conducted with a provincial registrar who was able to comment on terminology, clarity and the validity of questions.

Data Collection and Transcription

The first step in data collection was contacting the primary respondents. All of the registrars were mailed the cover letter (see Appendix A), two copies of the consent form (Appendix C), the interview questions (Appendix E), and finally the survey with a self-addressed return envelope (Appendix F). Respondents were instructed to complete the original consent form, along with the survey, and return them using an enclosed envelope. One copy of the consent form was to be kept by the respondents for their own records

Approximately one week after surveys were mailed, respondents were contacted by telephone to determine a time for the interview, follow up on the status of their questionnaire, and ask for the contact information regarding the secondary respondent. At the outset of the phone interview, respondents were reminded of the informed consent process and the confidentiality of their information. Respondents were also asked if they had any questions regarding the survey or other aspects of the research project.

In total, 11 semi-structured interviews, with an average length of 45 minutes, were conducted and recorded. Once concluded, the respondents were thanked for their time and again asked if they had any questions about the project. The interviews were typically transcribed over the following two days. The researcher transcribed all of the interviews in order to become more familiar with the data. After transcription, all

interviews were read again as the recording of the interview was replayed, to better ensure accuracy.

The secondary subjects were also contacted by mail (please see Appendix B). In this mailing, the subjects received a self-addressed envelope, two copies of the consent form and the survey. In the event of a slow survey reply, participants were emailed to remind them, and/or ask if there were any problems. Out of 22 surveys mailed to the primary and secondary respondents, 16 were completed and returned.

Data Analysis

Qualitative Analysis

This section will examine the generic data analysis approach used for this project as outlined in Tutty, Rothery & Grinnell (1996), and how that outline was applied to this study. It will also describe how the trustworthiness of the qualitative analysis was established through the use of triangulation and member checking. For this project the qualitative data analysis software package ATLAS.ti was used. The process outlined in the following sections was performed using the software.

According to Tutty, Rothery & Grinnell (1996) qualitative data analysis involves two levels of coding. The first level of coding, which tends to be more concrete, begins by examining the transcripts and identifying meaning units. Meaning units are sections of data, which may consist of single words, sentences, or entire paragraphs of the transcripts that represent ideas or concepts. These meaning units are then grouped with other similar units. The categorization process requires the act of *constant comparison* where units are examined for similarities and differences with other units. The analysis process will likely require continual revision. Categories may shift and change as more

data is reviewed, meaning units may belong to multiple categories, or the units themselves may need to be further expanded or streamlined. This process continues until *category saturation* has been reached, in other words, when no new categories emerge from the data, and established categories are re-confirmed. Codes are assigned to the categories. Codes are typically a shorthand form of the category name used as a quick way to identify the category during the analysis.

According to Tutty, Rothery & Grinnell (1996), second level coding takes the analysis to a higher level of abstraction. The goal at the second level is to examine the identified categories from the first level of coding and look for relationships between them. These categories may combine or function together to form larger themes in the data.

Throughout the process of coding, all decisions regarding the categories are documented through the use of analytic memos. For this project analytic memos were kept electronically, using the data analysis software. Memos serve two purposes. First, they allow outside researchers to check the analysis process as each decision is made. Second, memos also help ensure that decision rules surrounding categories are applied consistently to the data.

The analysis for this project used the computer software ATLAS.ti and it followed the general coding process described above. For the sake of convenience, the interview transcripts were analyzed in three waves. The first four interviews were analyzed together, followed by another four, followed by the final three. This grouping was done as a time management strategy. Once the first wave of interviews had been completed, transcribed and read through, first level coding began.

First level coding involved identifying meaning units and using ATLAS.ti to assign them temporary names. The names were created to best reflect the unit's content, which aided in their later categorization. Meaning units were then grouped into like categories. The criterion for grouping a unit into a particular category was documented using the memo feature in ATLAS.ti. Categories were then given names; often a frequently occurring meaning unit name was adopted as the overall category name. Each meaning unit was compared against all other meaning units in the category, and reasons for its inclusion or exclusion were documented using the memo feature on ATLAS.ti. Once this process was complete, the next wave of transcripts was read through and coded using the categories established by the first set of data. If a meaning unit was identified that did not fit with any established category, a new one was created. Throughout the process, category names and their criteria were revised and clarified. Finally, the last wave of data underwent analysis. Although a few new categories were created when needed, the majority of meaning units were placed into existing categories.

Categories underwent a final revision. If categories were redundant, they were combined. Conversely, if categories were too general, they were broken down into smaller, more specific groupings. Once all three waves of data had undergone first level coding, the second level of coding began.

Second level coding examined each category for relationships to other categories. Categories were evaluated as to their priority in the data set and examined to see how they fit into the overall themes. Themes are the final product of the qualitative analysis. Comprised of multiple categories, themes are the synthesis of the interview data. Important findings from the respondent comments are detailed in the analysis section as

themes. In this analysis the themes that were reported have at least one of the following features:

The theme was comprised of categories that were reported by multiple respondents

The theme was comprised of categories reported with great emphasis by a particular respondent

The theme was a critique of an established theme

Themes that emerged from the qualitative data section are presented in the format of *thick description*. Thick description is presenting the data with direct quotes from the respondents so that the reader can develop a sense of the perspectives of the participants in their own words. In the findings section, the themes are described in detail and quotes from participants are used to illustrate their opinions.

The following section will describe the steps taken to ensure the validity and reliability of the themes that emerged from the analysis.

Establishing Trustworthiness

This study used several techniques to ensure trustworthiness. The first was the use of an audit trail, where the decisions made throughout the coding process are documented in the form of analytic memos. This makes the analysis process transparent and allows for others to follow the coding logic and understand how the author arrived at the findings.

The study used two types of triangulation to ensure the trustworthiness of the qualitative data. The first form of triangulation was methods triangulation, where the

results from both the qualitative and quantitative data collections were reconciled (Patton, 2002). During this process, the researcher looks for both compatibilities and discrepancies between the data sources. Where they are congruent, the findings are strengthened, however Patton (2002) notes that finding "...inconsistencies ought not be viewed as weakening the credibility of results rather as offering opportunities for deeper insight..."(p. 556). In this study the survey results were compared with those of the interviews. This reconciliation of data is covered in the discussion chapter.

The second type of triangulation is *triangulation with multiple analysts*, where two or more persons examine the same data and compare their findings (Patton, 2002). This process was accomplished in several ways. The first was a review of the qualitative analysis by the thesis supervisor. The categories were checked for the logical organization, clarity, and supporting evidence. The analysis underwent multiple revisions to arrive at a format that best represented the data in a clear and logically organized fashion. The second was conducted by an outside researcher (in this case a peer). They reviewed the coding process to ensure that they would make the same or similar decisions regarding the data.

Once the qualitative findings were compiled and a first draft of the chapter was written, two respondents were asked to review the findings. Patton (2002) calls this process *review by inquiry participants*. The respondents who participated in the review were asked if the manner in which the findings were presented were clear and logical, whether they could see their own comments reflected in the report, and if they had any other comments or suggestions. Their suggestions were then incorporated into the final draft of the chapter.

Quantitative Data Analysis

The quantitative data analysis for this study was conducted using the Statistical Package for the Social Sciences (SPSS). Data was taken from the surveys and entered into the computer software, with identifying information removed. Frequency tables were generated, from which the percent of respondents who agreed or strongly agreed with each item was calculated. The mean level of agreement with each item was also calculated. Strictly speaking, the data were ordinal level and the calculation of the means assumed interval level data (which is frequently done in the analysis of rating items). In reporting these findings, items were divided into three groups. Items that were seen as an advantage of Internet practice in the literature were placed in the *advantages of online clinical social work* category. Survey items seen as limitations of Internet practice were placed in the *disadvantages of online clinical social work* category. The remaining survey items that could not be classified as either an advantage or a disadvantage were grouped under the heading of *other opinions*.

Summary

This chapter has provided an over view of the methodology and the reasons for its selection. It has described the data instruments, how data was collected as well as how it was analyzed. In hindsight, the mixed methodology was well suited for this topic. The qualitative aspect of the design allowed for the flexibility required to explore the new issues created by online social work. The quantitative aspect allowed known issues in the literature to be prioritized by the respondents in the Canadian context. The limitations of the design will be discussed in Chapter Five.

Chapter Four: Findings

The previous chapter provided an overview of the research methodology for the study, including a description of the analysis process for both the qualitative and quantitative data. This chapter will present the findings from these analyses. The chapter has been broken down into Qualitative and Quantitative findings sections.

Qualitative Findings

The qualitative findings section is divided into four major themes that organize the respondents' feedback. They are: *Access Issues*, *Practice Issues*, *Professional Issues* and *Future Directions/Recommendations*. Each of the four major themes is comprised of sub-themes. The themes and the sub-themes are not intended to be exclusive categories; rather their development is for the purpose of organizing the findings for presentation. Many of the elements from each sub-theme overlap and influence each other.

Quotes from the respondents have been included along with the sub-themes when they exemplify a theme, highlight a key point, or best describe an issue. The quotes provided are verbatim from the interviews. The only time the quotes have been modified is to protect the confidentiality of the respondents. In some instances, information has been added in square brackets to help clarify the context of the quotation.

Access Issues

The access theme addresses the availability of online services for both the worker and the client. It includes the conveniences that the Internet creates as well as potential problems. Access issues fall into two major categories or sub-themes. The first is *physical/geographic issues* and the second is *socio-cultural issues*.

Physical/Geographic Aspects of Access

Many of the respondents cited physical access as the greatest benefit of online services to clients. Potential clients without access due to geographic isolation, disabilities or lack of transport, may now be able to receive social work services online. Additionally, populations who already have services may benefit from having a greater selection to choose from. As one respondent stated:

If a person lives in an area where there is fairly easy access, then the choices are there, but if you live in a remote area, or have a disability where access doesn't exist, then I think that this can certainly be helpful.

Most of the respondents addressed the geographic boundaries specific to their province and commented that isolated populations would benefit from online services, and the access advantages the Internet offers. Some interviewees noted that providing services online would also be very beneficial to the service provider. *"This will cut down on travel time and some of the wear and tear on workers. It can be seen as a positive for the workers as well as a positive for the clients... if used correctly."* Several respondents expanded on this idea, stating that the improved access to clients would result in more direct service time, and reduce both the cost and number of work hours put towards travel.

Although the majority of comments on online practice access were positive, a few respondents raised some criticisms of the access potentials. They were concerned that if social workers provided services remotely to clients in isolated communities, then it may come to be viewed as the acceptable standard. The drive to establish traditional face-to-face services for these areas will be diminished, given that services can be provided online, however in their opinion, at a lower standard of practice.

Socio-Cultural Aspects of Access

Although the respondents thought that in general the Internet has extensive physical access benefits, respondents gave a more mixed response when socio-cultural access issues were discussed. One of the positive features that the respondents listed was that a clinical relationship via the Internet might reduce the social stigma felt by clients. They believed a large number of potential clients, who would ordinarily turn away from services due to social embarrassment, might take advantage of online alternatives. One respondent said: *“There are some people who would never walk in to a mental health clinic, but who would be willing to do this.”*

Respondents noted that it is very difficult, as a client, to remain anonymous when living in a small community. Members of the community may worry about being recognized when accessing services, or may have dual relationships with the practitioners in the areas in which they live. A service provided from outside the community, working remotely, may solve these feelings of social stigma.

Respondents also noted that there are many socio-cultural barriers when accessing Internet services. The first was that many potential clients might simply lack the access to the technology required to engage in online practice. In the case of the more rural areas in Canada, Internet service provision is limited or non-existent. Even if clients do have access to Internet service providers and a web-worthy computer, some clients may not have sufficient computer skills to navigate their way to an online practitioner.

Another issue identified by respondents is that there might be literacy barriers with accessing online services. One respondent commented:

Let's say that the practitioner is articulate and is a good writer and is able to communicate effectively... many of the clients that I see in my

work, may not have a high level of education or an ability to read or write that well. So for them, to use this form of communication... their writing skills may be significantly lower than their speaking skills. So they may not ... communicate or express themselves [as effectively] as they would in an in person meeting.

Respondents also remarked on the cultural issues that develop when working with clients remotely. Many believed that cultural differences might impact the clinical relationship because of how people relate to the medium. Several of the interviewees specifically identified populations in their province that they believed would have a hard time working over the medium, because of cultural values.

In summary, the respondents view the Internet as having extensive advantages for overcoming geographic barriers, and reaching clients in numerous rural and remote areas in Canada. Many believe that the private nature of the medium will access an untapped client population, and may provide a greater choice to those who already have services. However, the respondents also see that issues such as low levels of literacy, insufficient technology and cultural incompatibilities, may diminish or prevent access.

Practice Issues

This theme includes the respondents' opinions on practice issues. The theme encompasses the issues that arise during the process of the clinical relationship in an online setting. Many respondents pointed out that working over the Internet may result in awkward practice situations when compared with more traditional face-to-face settings. Several aspects of online practice, including working remotely with clients and the transmission of information over the Internet, create these situations. The theme is comprised of three sub-themes; *referrals/informed consent*, *trust in the online relationship*, and *text-based issues*.

Referrals and Informed Consent

One practice situation made difficult is the referral process. The referral process may become convoluted in online practice because the client may be residing away from the worker. As one respondent said: *“How do you help them [clients] access support services when you don’t even know what community they are in?”* Even if the worker did know where their client was located, some respondents sensed it would be difficult to know the resources local to them if they lived in a different community from that of the practitioner. This would make referrals to additional services and brokering on behalf of the client complicated. In a crisis situation, these difficulties may have serious repercussions. According to the respondents, a cumbersome referral process may cost precious time for a client who is in serious crisis.

Another key clinical process the respondents thought would be made more difficult when working on the Internet was contracting with the client and obtaining informed consent. A typical respondent concern was as follows:

You don’t have the advantage of actually seeing a person sign a form, which would give their permission, or going over some rules around confidentiality... what can remain confidential and perhaps what can’t. It doesn’t happen in a one-on-one scenario where there is an opportunity for an explanation ... a signature could come to you in this form by anyone representing themselves to be a client.

In addition to the security issues, the respondents thought that quickly confirming the client’s understanding of the contract would also be more difficult in an online setting. As one respondent explained: *“I think that contracting for service can be done online as well as it can be done face-to-face. The only thing is, face-to-face, the therapist is far more likely to have an idea of what the person did understand.”*

In general, the respondents were concerned that many of the nuances of face-to-

face meetings between the client and worker would be lost. This narrowing of communications would hinder clinical processes, such as contracting, because it doesn't allow for the worker to quickly assess and verify the client's comprehension, both verbally and non-verbally.

In general, the respondents viewed these client-worker interactions as more difficult in the online environment, both in confirming the clients understanding of informed consent and in referring clients to outside resources

Trust in Online Relationships

One key practice area that respondents focused on was the notion of trust. They discussed how working remotely, while lacking visual and auditory cues, could impact the clinical rapport between the client and worker. A large portion of what the respondents had to say addressed the increased anonymity that the client might feel given that they are not physically present with the worker. Some believed that this added anonymity might enhance disclosure. Two such examples are as follows:

... [The added sense of anonymity] can be very positive, because there is a sense of safety about it. A sense of 'I can say things to you that I might not say otherwise', because I don't have to see the shocked look on your face or I don't have to connect with you person-to-person and therefore feel embarrassed about what I have told you.

There is the whole question of anonymity. In some cases... and I think there's pros and cons. In some cases... anonymity might help in terms of the client to express him or herself if they don't feel that they are identified to the worker.

On the other hand, others believed that this aspect of online practice was detrimental to the clinical relationship. Some respondents were concerned that online services would only reinforce the lack of interpersonal connections in a client's life. Clients who received services over the Internet would hide behind the screens created by

the medium rather than face their problems head on. Two examples of respondents' comments are:

In social work practice it is the development of the relationship that is key... and the relationships are extremely limited if it is just on the Internet and you don't have any oral or visual cues... and so the nature of the relationship is much more narrow, and anonymity is part of that.

Personally I think that part of therapy is about building a relationship and modeling building relationships.

Respondents questioned if social workers using online mediums are doing clients a disservice by allowing them to continue to use a communication form that avoids direct social interactions. Some respondents believed that only by being in direct face-to-face relationships can a proper clinical relationship be established and social interactions be modeled.

The largest concern held by the respondents was that the practitioners would only have a single source of information from the client and have no way to verify this information. A client may consciously or unconsciously misrepresent themselves to workers over the Internet. Although this can occur in traditional face-to-face settings, the worker has more information on which to accept or refute the client's claims. One respondent explains how this may play out in a practice situation:

How well are you able to tell if you've got someone who's got a substantial mental illness and yet the type of thing that displays as very together and coherent. You are not getting the cues that you would have in a face-to-face session.

According to some respondents, the loss of secondary information sources may have a key impact on the assessment of the client and choice of further interventions. Below are two representative comments regarding the issue:

[Online] you are lacking the visual cues and the auditory cues that might indicate both further for assessment purposes, the emotional state of your client, but also the response interaction.

I think that you might have problems identifying if a person's emotional state is declining and particularly if they were at risk, it is hard enough anyway. Something serious like suicide risk... it is going to be much harder to do all of those things and make that assessment.

The worker is forced to trust in the information provided by the client, as they have more limited avenues to confirmation. The respondents feared if this sole information source was inaccurate, it could lead to either ineffective practice, or in more serious situations, grounds for professional malpractice. Harm to the clients was also a possibility.

Another trust issue that the respondents focused on was the boundaries of the clinical relationship and how the online environment would impact them. Some respondents were of the opinion that in traditional face-to-face working relationships, meeting times are structured and straightforward, where they are less clear when working online. As two respondents explain:

...if the person has access to you 24 hours a day, seven days a week on the Internet how are you going to know when you should be checking your messages? Are you going to start checking them in the night time, checking them in the evenings, how are you going to keep your boundaries? Are you going to be really clear with your clients?

What's happening to this person if you are not available online?

The respondents questioned the parameters of an online clinical relationship. They were wary of issues such as how often a worker should check their email, what is a reasonable response time for an email, and what should be the availability of services? Respondents were interested in how the worker would establish these boundaries.

Text-Based Media

The interviewees had a great deal of input on the text-based environment in online practice. Many prefaced their comments on text-based issues by stating their own personal comfort level with email and chat, and how it would influence their responses. In general, those who felt more comfortable in using email and chat had more positive responses. Respondents were divided when discussing the use of text for practice. Some believed that text offered some unique advantages as a practice medium, while others saw it as an additional barrier to communication.

A frequently cited advantage was that the writer, be they client or worker, could review and edit their work before sending it to the other party. Typical comments were as follows:

*The advantage I can see is that you read over stuff before you send it.
So you can catch yourself if you made any inappropriate remarks.*

You can scan it... it is not just something that you said without thinking

Many respondents believed that typing your words provides an extra process that may prevent rash comments by the client or the worker.

A second advantage noted by the respondents is that it would increase the accuracy of recording, and reduce the time and energy put towards documentation.

"Many social workers will tell you that their time is spent in administration.

Documentation isn't as precise as they need it to be. So just the communication aspect between client and worker could be increased." Some respondents also pointed out the convenience of having a copy of the transcript, allowing both client and worker to view previous sessions.

Although the respondents pointed out that text communications might aid in

documentation and allow for the editing of messages, they also note some serious drawbacks of the medium. The respondents were of the opinion that the efficiency of practice might be greatly impacted by the writing level of the client and the worker.

If you are not articulate, it poses problems. If you are dealing with an illiterate clientele, or a clientele where you have physical or mental handicaps, you have a hard time writing on a computer, it would be detrimental and harder for the social worker to really do good professional work. As you know some people are more articulate than others, some people are more verbal than others, some can write better.

Even when both parties involved in text-based communication are articulate, respondents still had concerns that there would be misunderstandings.

Perhaps misreading the intent of the language. I know my own use of email sometimes leads people to drawing the wrong conclusions of what it is I am trying to say. And so my concern would be in this practice that someone may misunderstand.

A final concern of the respondents was that written language lacked the sufficient emotional impact to conduct clinical work. For example, one respondent stated: "... I don't know how one conveys empathy or acceptance or those kinds of things in writing." Similarly, some respondents were particularly concerned about how expressive writing could be in highly intense emotional moments, such as crisis.

I don't know if there have been any studies on 'when in crisis is it easier for someone to speak or type?' Myself, I think it would be easier to talk.... It doesn't have the same type of potential for emotional release.

The interviewees drew extensively on their own experiences when providing input on text transactions. In general, the respondents believed that the effectiveness of communication would be dependent on the literary competence of the two parties. Although some hypothesized that the writing process would allow the client and worker to better organize and focus their thoughts, others saw this step as an additional

encumbrance.

Professional Issues

The *Professional Issues* theme discusses subject matter that extends beyond the clinical setting. This theme expresses the macro-level issues raised by the respondents. It identifies the key issues that can be addressed by the profession of social work, and not just individual clinical workers. This theme is comprised of three sub-themes; *training issues*, *protection of the public*, and *jurisdiction/regulation*.

Training Issues

One key professional issue was that of training social workers to work online. Respondents were divided when it came to their views on whether social workers can transfer traditional counseling skills to the online environment. Some respondents believed that there was enough of an overlap between online and traditional settings to utilize the majority of their skill sets for both mediums, however others were more skeptical. “...I really don’t think that we have been trained in this kind of a medium from a therapeutic view. I mean I haven’t seen any evidence. I don’t think that the skills are transferable.” Others believed that although many of the core values such as empathy and trust would remain the same when entering the online environment, they were unsure how these values would be expressed through computer mediated communication.

Many respondents pointed out that the current training in social work programs does not specifically address online practice.

I am not aware of any social work program in the country who offers a course or a class in how to work in this medium. I mean if there is, I am not aware of them if they exist. So I would say educationally, this is really an unexplored area and I would suspect, or I am going to make

the assumption, that if you approached the social work faculties across Canada, you would probably find that none of them have even started a process where they are looking at some type of class to deal with this.

Respondents were concerned that this lack of training would ultimately result in a danger to clients. The respondents' concerns were not just limited to clinical skills but also extended to computer skills. One example raised was that inadequate training might create a security risk to clients. As one respondent said:

Most therapists don't know how to make [computer] systems confidential. I know that face-to-face in your office isn't necessarily perfect either, but again, most people have at least been trained or have easy access to information that will guide them in helping with that.

Due to the newness of this form of practice and the numerous logistical issues, it is unclear what comprehensive training in online services would entail. *"People will jump into this without having the proper qualifications. What those are at this point, I have no idea. Nobody has developed them."* Even if standardized training is developed, the respondents questioned how this would be verified or enforced. How can a client verify an online worker's credentials? *"Being able to ensure that these people do have the training is another ethical issue. Are these people really people who have the years of experience and the knowledge and the skill to be providing this?"*

Collectively, the respondents questioned if current social workers had sufficient training to practice online, how they would go about obtaining adequate training, and how they would prove they were qualified.

Protection of the Public

A key role of the provincial regulatory organizations is to protect the public. This theme details the respondents' comments on issues that pertain to ensuring the safety of

social work clients. The theme discusses questions raised by the respondents, such as, is it the best form of practice for clients, and how can the public be safeguarded from the potential risks found in Internet counseling?

Related to the training issues mentioned before, one concern is that people who are unqualified may be providing services to the public while posing as professionals. Respondents were concerned that the public may not be aware of this potential threat. The respondents were uncertain how a client would go about verifying the credentials of their online social worker and protect themselves from imposters. Interviewees were unsure about how the professional organizations could best insure the public's safety from fraudulent practitioners.

Even if there were some way to create, enforce, and verify qualifications for social workers practicing on the Internet, the question still remains; "Is this the best form of practice for clients?" Many of the interviewees brought this question up during the interviews. Respondents believed that the client's needs might not be taking priority when selecting this form of practice. As one respondent states:

Ethically a social worker who is using the code of ethics... abiding by the code of ethics... needs to put the needs of their client first. So one would ask the question: Is serving clients in this way really putting their needs first? Or is it just for the convenience of the person providing the therapy?

Respondents believed that although the Internet has potential benefits to improve access and convenience, professionals are starting to use the medium without sufficient research regarding its safety or effectiveness. As one respondent explained: "*It is very tempting to say 'oh, it is cost effective, people in remote locations can have service that they otherwise wouldn't have', without evaluating the quality of the service first.*"

Several respondents questioned if professionals have fully considered the alternative mediums before communicating with clients over the Internet. These respondents listed Internet communications, such as email and chat, to be the second or third choice to phone and videoconference. It was suggested that Internet services might have a time and place with certain clients, but that this decision must be made on a case-by-case basis and only after other alternatives have been considered.

Another concern for public safety raised by the respondents was whether the Internet is secure. Does the medium provide adequate protection of the client's confidential information?

I think that those issues have to be addressed. ...now, my knowledge of computers isn't sufficient to know how you would deal with that. How would you deal with the transmission of information and making sure that it is not going to people who shouldn't be able to see it? I think that is a problematic issue.

The respondents pointed out that both internal and external security threats abound when working on the Internet. As an example of external threats, one respondent said: *"I am not at all convinced that the Internet is confidential. In fact, we are being given, on a daily basis, examples that we are one hacker from not having secure firewalls, and that kind of stuff."*

Even if the social worker is knowledgeable in computer systems and takes all the precautions to best ensure the confidentiality of the information being sent and received, several respondents questioned if clients understand to do the same. *"...even if you are sure it is a secure site and it is just going to that computer, you don't know who is reading the stuff at the other computer."* These extensive threats to security caused many respondents to ask 'is the public ready for a medium that requires such a high degree of

technical skill to ensure safety of use?’

The security threats, combined with the concern that untrained individuals may be providing services, and a lack of established research, the respondents questioned if this is the best practice alternative social workers can offer to the public.

Jurisdiction/Regulation

Of great concern to all of the respondents were the issues around jurisdiction. Because client-worker transactions over the Internet can easily transcend provincial, national and even international boundaries, numerous issues of regulation are created. This sub-theme can be described with three key questions posed by the respondents. The first is ‘how is a complaint lodged against a worker over the Internet?’ The second is ‘who has jurisdiction to respond to this complaint?’ The third is ‘how can these complaints be investigated?’

All of the respondents indicated that the complaint mechanism was a necessary part of regulated social work practice. Many of the respondents made comments similar to the following statement: *“I think that it is important that people have the same right to complain about online practice as they do about any other.”*

To date there have been no special arrangements to handle complaints that occur in an online setting with a worker. The respondents questioned how well clients are informed of this right when using online services. For example, respondents raised questions such as: Does a client who resides in one province know that they are receiving services from an out of province worker, and are they aware of which regulating body they can file a complaint with?

Many of the respondents noted that the difficulty in determining who should investigate a complaint is related to a debate which pre-dates online practice. The situation arises when a worker engages in practice with a client outside of the jurisdiction in which they are registered. When this occurs, the question is which regulatory jurisdiction takes precedent, the client's or the worker's? Should practitioners be allowed to serve clients from outside the area in which they are registered? How are regulation issues resolved? For example, should practitioners have to be registered in each area that their online clients reside? Some respondents then wondered how could the practitioner determine the client's location. These technical issues seemed to be a part of a larger ethical question. As one respondent said: *"So there is a broader issue than just online practice. I mean, in terms of any practice, there is the age old question of is it where the client is or where the social worker is?"* Working with clients online seems to further complicate this debate since they may physically never be in the same location.

All of the respondents who addressed the issue believed it to be the responsibility of the regulating body with which the worker is registered to investigate the complaints filed against that member. Even if *how* and *where* a client would go about filing a complaint online is made clear, and whose duty it is to investigate, there still remains the issue of *how*. As two respondents explained:

If the social worker is in your province you have jurisdiction to investigate a complaint. Now, what if the client lives a thousand miles away? That puts a real limitation on our ability to do a proper investigation of the complaint.

... The client who lays the complaint may live anywhere in the world. The ramifications of that from the point of view of dealing with such a complaint from just the logistics, the finances, the language, the whole thing is just astronomical. How do you hold a disciplinary hearing if the social worker is here in this province and your client is in

California? It's just a nightmare... or England or who knows, it could be anywhere.

Some respondents pointed out that the provincial regulating bodies don't have the budget to conduct the kind of investigations that would be required if an international complaint was filed.

Collectively, the respondents were concerned that a client would not be able to file complaints about online practice. Even if a complaint mechanism was established, there are still issues around who has jurisdiction to handle the complaint. If this issue is resolved, then there still remain the logistical barriers to investigating a complaint filed from out of province or out of country.

Future Directions/Recommendations

This theme contains the respondents' ideas and comments on the possible directions social work and online counseling may take. It includes the suggestions made by the respondents as to how the social work profession should react to this new form of practice at the provincial and national levels. Future Directions/Recommendations is composed of four sub-themes; *trends, possible applications, recommendations for the provincial organizations, and recommendations for the Canadian Association of Social Workers.*

Trends

Respondents made comments about the current situation and their predictions for the future direction of online practice. Although most of the respondents thought that online practice had yet to emerge in their province, they said that it is possible that

workers are already delivering clinical services over the Internet without their knowledge.

Many respondents made statements along the following lines:

First of all, frankly, I have no idea to what extent it exists in this province today.

I mean there may be people that I am not aware of doing it.

It isn't clear to us if there is even much going on.

According to the respondents, very little has been done by the provincial organizations to address this new form of practice. All of the respondents said that their organizations had not developed any kind of a formalized position regarding online social work. Most of the respondents assumed that there was a low awareness about online counseling within their provincial organizations, however, many hypothesized that this would increase as their members learned of this new practice possibility. As the potential for practice grows, so will the interests of the workers and the organizations. Examples of the respondents' input are:

It is kind of hard to get people into the discussion when people haven't given it much thought, but I think it is going to be more of an issue down the road...and I suspect there will be more interest in having the discussion when more people start thinking of it as a possibility.

My belief is that many social workers in this province are not aware of online social work, but at some point they are going to become aware of it and some of them are going to start doing it.

One respondent suggested that the development of online practice might not occur uniformly across Canada. They stated: *"I don't know how it will vary across the country and if it will go faster in some areas than in others"*.

According to other respondents this prediction may already be true. At least one provincial organization has been approached by agencies from outside of the country to

join online practices. According to one respondent, they had been receiving promotional material looking to recruit Canadian social workers. They stated:

...for probably up to two years, up until about six months ago, I was getting regularly all kinds of stuff, mostly out of the States, or it appeared to be coming from the States... It was about e-therapy, and wanting to distribute information to our members, just trying to get them hooked up on lists of counselors that would be available and stuff like that and it has died down completely.

Although few of the respondents had extensive predictions for the future of online practice, most spoke of the application of Internet technologies to social work practice as inevitable. This process will occur whether the profession responds to it willingly or resists the change. Some examples were as follows:

...this type of technology, whether it be for counseling over the Internet or just even the use of email as a form of communication, is really with us.... Like it or not... We have to address how to use it responsibly.

The reality is this is going to come, like it or not.

[My] analysis is that this type of services is going to come whether or not we like it.

In general, the respondents believed that although online clinical practice has yet to catch on, it will very likely be integrated into the social work profession in the future.

Possible Applications

The respondents again were divided when it came to assessing if online practice should be come a part of the social work practice repertoire. Many of the respondents were undecided if online clinical social work practice could be beneficial, or if the potential harms were just too great. Some respondents wanted to remain open to the possibility that online practice could find a safe and beneficial application. As one respondent stated: *"I can see online stuff having potential. I am not fully versed in all of*

the potential and I would like to stay open minded about it." Other respondents took a far more negative view of the future of online counseling: *"Personally I am not really convinced there are benefits."* Others believed the best use of the technology would be for more psycho-educational purposes rather than clinical counseling. As one explains:

Its benefits are probably more in the realm of being able to provide education or informing people of the possibility of a service and what that means. A kind of a more general information, maybe even information about specific problem areas. I can see some potential benefits in terms of linking people around a topic in a sort of chat room format/discussion format around an educational topic, as opposed to an intense therapy piece.

Similarly, other respondents thought that it could act as a tool for the referral of clients to other resources. *"Perhaps it can provide a forum where people can ask questions about a service or a particular problem area. It should direct them about where to go further or provide them with some basic information around particular areas."*

Many respondents were in favor of a combination of traditional face-to-face services along with online services. By using online practice as a supplement to face-to-face, the practitioner and client could take advantage of convenience and accessibility features of Internet tools, without many of the entanglements.

I can see a client having a question that occurs in between sessions. Maybe they are only coming once a month or something. They are not able to come more frequently, but something comes up in the interviewing period and they are looking for some immediate feedback from the counselor or social worker, and the social worker is willing to provide that. I can see it being used as a supplement in a very helpful way, but I think that there are some things that would have to be established first, in order to make that appropriate.

Others suggested that the initial sessions with clients be held in face-to-face settings, while subsequent meetings could take place over the Internet. As one

respondent describes:

After you have developed a relationship or a rapport with an individual and know their environment a little bit, you can utilize that in terms of the counseling aspect, maintenance, follow-up, anything in terms of discharge planning with different groups, things like that. There are potentials in terms of use after the initial contact.

Using Internet tools to maintain clinical relationships rather than to initiate them alleviated many of the concerns raised by the respondents. The respondents held that when the contracting phase of work can be resolved in person, it greatly reduces the risks of deception or misunderstanding between the client and worker.

A final suggestion made by a respondent was that workers affiliate themselves with well-established agencies that are known in the community where they are providing services. This strategy would reduce some of problems of verifying the worker's credentials, and provide some avenue of recourse for the client. The agency would be responsible for ensuring that the practitioner is qualified and in good standing.

The respondents were more willing to endorse online practice depending on how it was utilized with clients. In general, the respondents were more receptive of online tools such as email and chat to be used in an educative role, rather than in a psychotherapeutic sense. If it is to be used for clinical counseling, the respondents believed that when used in conjunction with traditional interventions, many of the potential dangers of online social work could be reduced or eliminated.

Recommendations for the Provincial Organizations

This section includes suggestions made by respondents regarding possible actions that can be taken by the provincial regulatory bodies and the provincial social work associations. The respondents took several approaches when answering questions about

the provincial organizations. Some had recommendations for both the regulatory body and the professional association in their province, as these organizations are one in the same. Other respondents felt that they could only make recommendations as to what the regulatory body should do, and refrained from commenting on possible provincial association action.

One of the main suggestions from the respondents for both the regulatory bodies and the professional associations was to begin formal discussions on the issue. One respondent suggested that these discussions should start with the most basic question: *“I think that there should be discussion again of whether there should be online services. Not that I am saying that there shouldn’t be, but that should at least be the first part of the conversation.”*

Other respondents echoed these sentiments pointing out that the provincial organizations may decide that online practice is too laden with ethical and safety issues to pursue. Some respondents suggested that the discussion might not be about ‘how to properly develop online services’ rather they may focus on ‘should they be developed at all?’ However, most of the respondents treated online services as if they were an eventuality, and therefore thought that discussion would revolve around how it can be best developed rather than prevented.

One of the most common suggestions about where this discussion process should begin was to examine the existing research conducted on Internet practice. *“First of all, I think we need to start to look at this area with regards to what research is available and what currently exists.”*

Several respondents suggested that the provincial organizations could investigate

what other professions have done to address online practice, or examine what social work bodies have done in other countries. Respondents believed that examining what others have done might save time and better direct the process.

We need to talk about where are we as a profession with this and what is the current research and what kinds of things do we need to be thinking about. In this province we are at the very beginning stage.

Many of the respondents who recommended that discussion take place, suggested that either a new committee be struck to approach the issue, or alternatively, the existing private practice committees might also serve as a viable forum. As one respondent stated: *"In places where there are private practice committees, that might be very appropriate for them to start to look at the issues that they may face in the future."*

A few respondents also suggested that it might be appropriate to have the social work degree granting institutions represented at these discussions so that training issues could be better addressed. The respondents saw the university programs as key stakeholder groups that needed to be involved in the discussions.

Most of the respondents, who believed that discussion of the issue would be the first logical step, thought this process had to be initiated by the memberships in order to be successful. As one respondent explained:

A committee[should be] especially struck to begin to discuss the issues and just start the conversation. I do see it as the responsibility of the association. In our province, the association and the board are intermingled. It needs to be the membership side that would start a more formal conversation... I could say to the association 'it would be a good idea if you opened up the conversation' but it would be them that would open it up.

Several respondents recommended that after these discussions take place, that their findings be reported back through a formal channel to the associations and their memberships.

In addition to playing a role in the facilitation of discussion, the respondents also thought that the provincial organizations could play an educational role. Most respondents agreed that the primary responsibility of the provincial associations is that of education of the public and education of its members, while the role of the regulatory bodies is to protect the public. A similar division of labor would occur in the provinces where the association has a regulatory branch. As one respondent explains:

The provincial associations that are separate from their regulatory bodies tend to do a lot of stuff around Continuing Ed. I can see a role for our association to say, on one hand do the regulatory piece of it, and then on the side of the association, offer some training programs.

These two roles of education and regulation were common sub-themes developed in the responses. There were several suggestions about how these two roles could be carried out. *“As far as the provincial associations, they could play a role in developing training or educational opportunities. Or you know, a conference or a workshop or something on the issues. It is sort of their role to do that.”*

Some respondents suggested that the educational conferences or workshops be used to educate members on how to use the technology to practice, while others suggested that it be used to inform members of the issues in the field. Some thought that the provincial association newsletters could be used to inform their membership about the developing issues.

For the regulatory aspects of online practice, the most common suggestion was to begin an examination of the existing practice standards, and determine if they are fully

adequate to address online practice. One respondent said: *"I think we [the regulatory bodies] have to start asking questions, like 'what should the standards be?'"*

Some respondents believed that revamping existing standards would be sufficient, while others were of the opinion that the development of new standards to encompass Internet practice would be required. Other respondents suggested a change in the code of ethics. As one respondent stated:

In this province, as is elsewhere across Canada, our role is to protect the public. So the function of our body is to control the exercise of practice by our members with a view to protecting the public. I think that the regulatory body will, at some point, and we haven't done it yet, have to address the issue. Either by developing practice standards for people that are doing this kind of work, or amending the codes of ethics to take into account this particular form of practice. In our code of ethics, we don't address it specifically. We are looking at the possibility, in a little while, to redo our code of ethics. When we do, it would be appropriate to anticipate this kind of practice and to make special obligations or to make reference to this type of work.

Although modification of practice standards may be a viable option, the respondents stressed again that this initiative to address the regulatory issues, either in the standards, or in the code of ethics, would have to be initiated by the membership for it to occur. *"If the membership feels that there is a need for a practice guide in this specific area, we would have to address that."*

Some respondents thought that interest in the membership would have to be fostered or identified, as an initial step. As one respondent explains:

They also need to point out some of the difficulties and survey their membership to say: "Okay, this is what is coming. What do you see as the problems? How can we overcome them? What are the strengths? What are the weaknesses?"

Respondents were of the view that only once this interest is found in the memberships will the process start. One respondent suggested a mail out questionnaire to

poll the membership on their awareness/involvement in online practice. This would provide the organization a sense of where their membership stands and if it was a matter worth pursuing.

The respondents made several key suggestions for the provincial organizations. Most of the respondents saw discussion as a key step. Others thought that the organizations could provide education, be it professional training for social workers or raising awareness of the public. Some respondents also suggested the possibility of revising the standards of practice to better address the issues of online social work. However, the respondents point out that for any of these actions to take place, the drive will likely have to come from the membership of the organizations.

Recommendations for the CASW

The topic of what role the CASW should adopt in the development of online practice evoked a mixed response from the interviewees. While some offered suggestions of what specific actions the CASW should be taking, others felt that the national organization had no role at all.

One suggested role for the CASW could be to provide a forum for the provincial associations to come together and discuss the issues. All of the respondents recognized that online practice transcends provincial boundaries and many believed that it could be best addressed under the umbrella of the CASW. Two examples of these comments follow:

I would like to see the Canadian Association strike a committee and have representatives from a number of the different provinces on the committee to work on this.

The CASW is working on the code of ethics. Each province adopts them individually, but it is at the national level that we try to come up

with some common understandings and agreements on the broader ethical approaches to social work practice. I do think that it would be helpful to have some discussion at the national level, because this certainly is something that goes beyond provincial boundaries.

Other respondents believed that the CASW might be able to bring some consistency to the development process. The CASW might facilitate in the standardization of how the provinces address online practice. One respondent said:

I think that the Canadian Association can probably monitor the situation across the country better than any provincial association. They could possibly elaborate some kind of guide or norm, which some provincial associations could incorporate in their jurisdictions. That is generally the role of the Canadian Association.

Another function the CASW could perform is to act as an information source for the provincial organizations. The respondents believed that not only could the CASW facilitate communication between provinces, but also with the international social work community.

The CASW can also play a role by soliciting information from the other countries that are in the membership of the International Federation to see what is happening there. I am sure that there are other countries that may be looking at the same issues that we are.

Several respondents suggested that the CASW should investigate what is happening internationally with online counseling, and review the current research and policies created in other parts of the world in order to better develop a position on the issue. Some respondents suggested that the CASW use their nationally distributed newsletter to disseminate information on the issue of online social work.

A final suggestion made by some respondents was to make additions to the code of ethics to further address the use of Internet technologies in social work practice. The CASW code is currently being revised and a few respondents suggested guidelines around the use of computers could be extended. However, when this suggestion was

offered in subsequent interviews as a probe, it was met with a mixed response. One argument for not making revisions was that the code should not specifically guide practice. As one respondent said:

I think that the draft that I have seen at least makes reference to the new technologies. But I am not sure if you can become very specific in a code of ethics, because it isn't meant to give you a particular response to a particular situation. It is more a set of guidelines to help you orient your practice and interventions. I don't know if you need to be very specific in what you need to do, but I think it is important to at least be aware of the dynamic. So when people are embarking in this new type of practice that they are aware that there are some ethical issues involved... ultimately they should be aware of them.

A further argument explaining why modifications to the code of ethics may not be a successful approach is because of how regulation of practice is handled at the provincial level. As one respondent stated: *"The issue here is that the CASW code of ethics doesn't carry weight. So, I mean they can propose a code, but it has to be up to the provinces to adopt it."* Some respondents suggested that action on the provincial level might be more effective because practice can be better regulated through the provincial bodies.

Although the interviewees suggested multiple roles for the CASW, two main reasons were put forward why the CASW may not adopt them. The first reason is related to the interest level of the topic amongst the CASW. As one respondent pointed out:

Given that they have limited resources and they are fairly small organization, I don't know how realistic it is to say that they should prioritize the issue, but in the future if this becomes a more common practice and if there are reasons to be concerned about its use, then they would need to take a leading position in keeping the rest of us up to date on what is happening.

Some respondents felt that as online practice becomes more common it will be more likely to be pushed to the forefront of issues. However, it has to develop an extensive membership interest before this occurs. One respondent provides an example:

You look at how many people are doing child welfare across the country. It has taken that kind of broad based interest to get something happening at that level. I'm not sure that they would look at computer-based practice at this point. I don't know if there is a broad enough base of interest to bring it up to the top.

The second reason that many of the respondents felt that the CASW would not adopt a prominent role on the issue of online counseling was due to the currently strained relationships between the national body and the provincial organizations. As one respondent explained:

Just as I sort of said that it needs to be done provincially, it needs to be done nationally. I can't think of another group to be the group to do it. It would make so much sense to have that conversation at a national level. It only becomes awkward because there is not a good relationship between the board in certain provinces and the Canadian Association. There are politics, it is very awkward.

The strained relations between the provinces and the CASW predate online practice issues. According to respondents, many of the issues relate to the provincial organizations' lack of participation in CASW issues. Some respondents were concerned that these politics may play out again in the realm of online practice. Several respondents felt that any stance that the CASW takes should be directed by input from the provinces. As one respondent explained:

I am not sure if they [the CASW] have any role to play at this point. Where they don't get involved in regulatory issues, and it is a very touchy thing in Canada about who it is that does what. At the moment the Canadian Association has no role to play in anything regulatory. The best that they could do, is they could come out with a statement paper about this whole issue, just in terms of raising any concerns around the practice. They might want to look at putting some pressure on the schools of social work in their educational courses and things like that. But I can't see the CASW, at this point, having a role unless the role was given to them by their provincial association members.

Overall, the interviewees believed that there are several roles the CASW might adopt to address online counseling. They could facilitate the discussion between the provinces providing a forum for it to occur. Respondents also felt that the CASW is in a good position to distribute information between the provinces, or bring in information from the international community. The CASW could also try to bring a level of consistency to the development process between the provinces. However, the respondents noted that the strained relations between the CASW and some of the provincial organizations might hinder these processes.

Quantitative Findings

The data resulting from the survey were entered in the Statistical Packages for Social Sciences (SPSS). As discussed in the methodology section, the survey items were broken down into three groups. Items that were seen as the advantages of Internet practice are presented on Table 1, items that were seen as disadvantages of online practice are presented on Table 2, and finally issues that could not be classified as either an advantage or as a disadvantage are presented on Table 3. In all three tables, the mean level of agreement, which is based on a 4 point scale where 1=strongly disagree, 2=disagree, 3=agree and 4=strongly agree, is presented in the third column. The percentage of respondents who *strongly agreed* or *agreed* with each item was calculated and is provided in the fourth column.

As shown on Table 1, respondents indicated that the greatest advantage to online practice was the improved access to isolated or disabled clients. This was followed closely by the advantage of using text transcripts in supervision. Respondents were most divided on whether the anonymity of online practice is beneficial, with close to half of

the respondents strongly agreeing or agreeing. The low level of agreement on the last two items indicated that the respondents did not believe that the Internet is safe to transmit and store confidential information, nor did they feel that obtaining informed consent would be easy.

Table 1

Agreement With Advantages of Online Social Work Services

Survey Item	N	Mean Level of Agreement*	Percentage of Strongly Agree/Agree
Better access to clients who are isolated or disabled	13	2.88	81.3
Text transcripts aid in clinical supervision	13	2.87	81.3
Provides faster access for clients	10	2.75	62.6
Clients writing issues enhances clinical process	8	2.69	61.6
Convenient for clients	10	2.60	62.5
Clients benefits from anonymity when working online	7	2.31	43.8
It is secure for confidential materials	1	1.81	6.3
Obtaining informed consent is no more difficult than in face-to-face	1	1.80	6.3

* Ratings are on a 4-point scale, where 1= strongly disagree and 4=strongly agree.

Table 2 shows that the highest level of agreement was that that the lack of visual cues can reduce the effectiveness of interventions. Clearly the survey respondents also indicated that assessment in the online environments is difficult, as this item received the

second highest mean level of agreement. Additionally, the respondents perceive there is a greater risk of the clients deceiving the worker when compared to traditional counseling settings. All of the items that are categorized as disadvantages were over the 2.5 mean level of agreement midpoint.

Table 2

Agreement With Disadvantages of Online Social Work Services

Survey Item	N	Mean Level of Agreement*	Percentage of Strongly Agree/Agree
Lack of visual cues reduce effectiveness of interventions	16	3.50	100.0
Without visual and auditory cues assessment is difficult	16	3.44	100.0
Greater risk of clients deceiving workers	14	3.38	87.5
Difficult to handle crisis situations	15	3.31	93.8
It is difficult to be culturally sensitive	13	3.19	81.3
Difficult for clients to verify the credentials of social workers	13	3.13	81.3
Difficult to make a referral	12	2.88	75.0
Difficult to assist crisis clients after session	9	2.88	56.3
Collaterals of the clients cannot be consulted	11	2.81	68.8

* Ratings are on a 4-point scale, where 1= strongly disagree and 4=strongly agree.

The first three items on Table 3 show the strongest agreement level of any items on the instrument. Clearly many respondents strongly agreed that online practice raises issues of jurisdiction. They were equally convinced that this new form of practice needs to be addressed by the provincial organizations through policy development. Additionally, respondents deemed it necessary for the CASW to address the issue through the code of ethics. The survey respondents were more divided when it came to training issues, with just under half of the respondents agreeing that social work training is transferable to online environments.

Table 3

Other Opinions Regarding Online Social Work Services

Survey Item	N	Mean Level of Agreement*	Percentage of Strongly Agree/Agree
It raises issues of jurisdiction	16	3.63	100.0
Provincial organizations need to develop policies	16	3.63	100.0
The national association should address the issue through the code of ethics	15	3.60	100.0
It will increase in future	15	3.13	93.8
It should be used as a supplement to face-to-face practice	13	3.06	81.3
Current social work training is transferable to online environments	7	2.44	43.8
There is sufficient research to use it in practice	1	1.50	6.3

* Ratings are on a 4-point scale, where 1= strongly disagree and 4=strongly agree.

Summary

In the interviews, the respondents saw access as the most obvious benefit of online practice. While online practice opens many doors by reducing stigma and its remote access capabilities, according to the respondents, it closes just as many with technological inequities, literary and cultural issues. The respondents believed that

micro-practice skills, such as informed consent assessment and referral, seem to be further complicated by the online medium. Several saw the text-based media of online practice as having some unique advantages, however, others questioned if it could provide an adequate vehicle for the often highly emotional messages of clinical work. Training was also key, the respondents questioned if the traditional clinical skill set could be transferred to an online practice situation.

Numerous concerns were raised around the issues of regulation and jurisdiction of online practice. A key concern was how social workers, as a professional body, could best protect clients from the dangers of online practice. Security risks, unqualified professionals and regulation difficulties, all threaten public safety. Respondents raised the structure of complaint mechanisms as a critical issue. This topic frequently generated further discussion, such as, who has jurisdiction of the complaint and should the profession allow workers to practice across provincial or international boundaries?

In terms of what role the provincial organizations have to play, the majority of respondents felt that there needs to be discussion on the issue. Respondents suggested examining the existing research in the area, examining the current practice standards, and returning to the membership with recommendations. However, the respondents noted that all of this must come as a result of membership interest.

Some thought that the CASW could act as a moderator of the provincial discussions and, in addition, provide a forum in which the provincial organizations could meet. However, others interviewed were concerned that the CASW might not have sufficient resources, or the interest base to address this issue.

The survey found that the access item received the highest level of agreement for advantages of online practice, specifically the ability to reach isolated/disabled clients. The biggest disadvantage, according to the survey, was the loss of visual and auditory cues, and the effect that may have on the accuracy of assessment and the effectiveness of intervention. The survey findings showed that there was a consensus among the respondents that both the provincial organizations (regulatory and associative) and the CASW need to address online practice.

The next chapter will integrate the findings from both the interviews and the survey data. It will review the themes and sub-themes that emerged from the interviews, and use the quantitative findings to find where they supported the theme, or where there were discrepancies.

Chapter Five: Discussion

The previous chapter presented the findings from qualitative interviews and the quantitative survey. The purpose of this chapter is to integrate the qualitative and quantitative data. It will follow the format of the qualitative findings section. Each qualitative theme, along with its related issues, is presented in turn and examined to see if it received support from the quantitative data. The findings are then examined to see how they relate to what is known in the relevant literature. A discussion of the project's strengths and limitations are also included. Finally, the recommendations for both provincial and national organizations are presented.

Main Findings

Access Findings

Physical/Geographic

The key advantage of online practice identified by the respondents in both the interviews and the surveys, was the ability to access isolated client populations. The respondents thought that online service delivery could reach those who are unable to travel to appointments, due to disability, geographic isolation or lack of transportation. The *physical/geographic aspects of access* documented in the interviews were well supported by the survey data, with over 80% of the respondents having agreed or strongly agreed that it would improve access to these populations. In addition, two other survey items that asked about convenience and ease of access for clients had over 60% of the respondents in one of the agreement categories. Respondents felt that online practice could provide greater choice for clients and many identified specific populations in their

own provinces they could see benefiting from these types of services. However, a few respondents noted that the provision of Internet counseling to isolated populations may reduce the drive to supply them with face-to-face services and thereby diminish the overall service quality.

Socio-Cultural

Another related issue that emerged from the interviews that had a high level of congruence with the survey responses was the respondents' opinions on the socio-cultural aspects of access. Given that the counselor may be crossing extensive cultural regions to provide services, many respondents were concerned that differences in cultural values may be exacerbated between the worker and the client, and interfere with the clinical process. This was also evident in the survey item that addressed cultural sensitivity. More than 80% of survey respondents felt that it would be difficult for workers to be culturally sensitive when working online.

Although the respondents did not delve into as much detail, their comments and survey responses regarding access were congruent with information in the literature (see Banach & Bernat, 2000; Frame, 1998; Jencius & Sager, 2001; Lebow, 1998; Robson & Robson, 2000). The respondents listed most of the specific advantages to Internet access as well as the accompanying criticisms found in the literature. Likely the reason that the interview responses were not as in-depth as the related literature was due to respondent's inexperience with the topic. In some cases this may have been the first time that respondents had given considerable thought to the issues of online practice.

Practice Findings

Referrals and Informed Consent

Referrals and informed consent were two issues discussed by the respondents that were very connected to the technical aspects of online practice. They stated that they were unsure how the signing of forms would be handled electronically, or if they could verify the clients' understanding of the process as easily as in a traditional clinical setting. Similarly in the quantitative results, only one respondent agreed that obtaining informed consent online is no more difficult than in a face-to-face setting.

The issue of crisis intervention was also related to referrals. Some believed that online practice fit well with crisis intervention because of the commonalities between online work and telephone crisis lines. Both media have features in common, such as added anonymity and 24 hour availability. However, the survey findings indicated a more skeptical view of whether crisis situations could be handled successfully online. When survey respondents were asked if handling crises would be difficult on the Internet, over 90% agreed or strongly agreed. Many of these concerns likely stemmed from making referrals in cases of emergency. Workers would not know what resources are local to the client, or even know where the client was located.

Other issues, such as time zone differences between client and worker, online billing and fee structures, received a large amount of attention in the literature (see Laszlo, Esterman & Zabko, 1999 as an example), however the interview respondents did not develop these in detail. Again, this was likely due to the respondents' lack of familiarity with online service formats and a preoccupation with more general and more pressing ethical concerns during the interviews.

Trust in the Online Relationship

Trust in the online relationship is comprised of several issues. One issue was that the respondents thought that the loss of auditory and visual information when working online had serious implications for both assessment and intervention. They were concerned that this reduction in cues might result in the social worker not clearly understanding client issues. In the worst-case scenario, respondents were concerned workers might miss crucial information such as a mental illness or a suicide risk. Similarly, according to the survey responses, the two biggest disadvantages of online practice are that interventions might be ineffective and assessment might be difficult given the nature of the medium. Both of the related survey items had 100% of the respondents either agree or strongly agree. These two items received the strongest mean levels of agreement at 3.5 and 3.44 respectively. Again, these findings are highly congruent with the literature, where the most common concern with online practice is its effectiveness given the reduced cues (see Banach & Bernat, 2000; Bloom, 1998; Childress, 1998; Fink, 1999; Griffiths, 2001).

Another trust issue was anonymity. Anonymity was a divisive point for the interview respondents. Some thought that online services would be advantageous for potential clients who would otherwise experience social stigma if attending traditional sessions. Others believed that the level of anonymity in online practice creates a disconnection between client and worker that hinders the clinical process. A similar split was found in the survey data where just under half of the survey respondents agreed that anonymity would be beneficial. This division parallels the debate in the literature between the International Society for Mental Health and the Clinical Social Work

Federation and their discussion of whether online practice creates further disconnection between people.

The resistance to increased levels of anonymity that remote service delivery creates likely stems from social work values. Social work, as a profession, values human relationships and views them as an important vehicle for change (Reamer, 1999). Many social work professionals may feel that Internet tools interfere with that personal connection. Social workers are trained in models that assume face-to-face settings. They rely on verbal skills, body language and tone of voice to build rapport, assess and make interventions with clients. To workers, especially those who are unfamiliar with the medium, online practice may seem to nullify those basic skills.

Another trust issue is that respondents were concerned that clients may consciously or unconsciously misrepresent themselves to workers in an online setting. The reduced cues environment may limit workers' ability to verify or refute clients' claims. Contacting other people in the client's life may also be more difficult in an online environment, further limiting a workers' ability to check information. This was supported in the survey. The item stating that there is a greater risk of clients deceiving workers in an online environment, received a high agreement rating. Likewise, most survey respondents (68.8%) agreed that contacting collaterals is more difficult when working via the Internet.

The respondents may be concerned about working with clients in isolation as it breaks from traditional practice where social workers often have access to other people in a client's life. Family interventions, couples work and case conferences may be perceived as less feasible in the online setting.

Text-Based Media

The interview respondents seemed divided on the advantages and limitations of written communications in online practice. Some thought that the process of writing would allow both the client and worker to better edit their ideas before sharing them. They also saw advantages in the automatic record that is created when working in online environments. This sentiment was also expressed in the survey, which found that 81.3% of respondents thought that text transcripts would aid in clinical supervision.

The notion that clients writing out their problems would enhance the clinical process received moderate support from the survey respondents. In the interviews, some said that clients would be more open in an online setting because of not having to fear the immediate reaction of the worker. Others were not as convinced of the advantages, and felt that written communication is awkward. They mentioned the potential problems of literacy levels when working in a text format. One idea put forward in the literature (Murphy & Mitchell, 1998) is that the text-based transcript would hold the counselor to a higher level of accountability, however the respondents did not mention this aspect.

One practice issue that came up in relation to the text-based medium was that of crisis intervention. Several respondents were uncertain if people in crisis could type their issues as well as they could verbally express them. Some online counseling sites go to great lengths to direct clients in crisis away from their sites, instructing them to go to their local emergency room or hospital. Other sites are specifically geared to work with individuals in crisis (see www.samaritans.org). The issue of whether or not the Internet is a suitable way to deliver crisis services may need to be resolved on a client-by-client basis.

Overall, the viewpoints on text-based communications seemed to be dependent on the respondent's personal comfort level with online tools. Those who mentioned that they use email or chat personally on a regular basis, were more open to the possibility of text-based advantages when working professionally. Respondents who said they used chat and email programs for work related communications only, were more skeptical of its use as a clinical tool. The suitability for clients and professionals may be dependent on personal comfort levels. Suler (2001) who designed a screening model for online clients may need to develop one for professionals as well.

Professional Findings

Training Issues

A key component of the *professional issues* theme was the notion of adequate training. Interview respondents were concerned that insufficient training in computer systems may result in a danger to the client and the worker. For example, a worker may lack sufficient knowledge to operate a secure online counseling program. In addition, the respondents were unsure if the clinical skill set could make a successful transition from the face-to-face environment to online text communications. Again, these interview comments were supported in the survey findings. Fewer than half of the survey respondents (43.8%) thought that current social work training is adequate for work online. Many of the respondents believed that schools of social work in Canada provided insufficient training to equip workers with the necessary skills to work in online settings. Several of the respondents reflected on their own social work training and felt that they lacked the skills required to engage in this form of practice.

The gap between traditional social work skills and those needed to work in an online environment create questions regarding competence. Respondents questioned what standards should be put in place for training requirements to work online. Again, these findings fit with the challenges identified in the literature, where some authors question the competence of online practitioners, given that training has been in face-to-face counseling (Childress, 1998; Lonner, 2001; Manhal Baugus, 2001; Oravec, 2000). Many of the respondents reflected on their own training as a social worker and felt that they would be very unprepared to work in an online setting.

Protection of the Public

Interview respondents were very concerned with the protection of the public. Many doubted that the Internet could provide the necessary security provisions at this point to ensure the safety of the public. Respondents believed that both internal and external threats to client safety abound, and that even precautionary measures such as firewalls and anti-virus software may not ensure the protection of sensitive information. When asked if the Internet is secure for confidential materials, only one respondent agreed. This item received one of the lowest agreement ratings (1.81), indicating the lack of confidence the respondents had in the security measures on the Internet.

Regarding the issue of protecting the public, interview respondents noted that it is important to ensure that clients are working with qualified social workers. Many of the respondents thought that it would be difficult to protect the public from those who practice online without credentials. They questioned how clients could obtain verification of their professional's qualifications over the Internet. The corresponding

survey item, *it is difficult to verify the credentials of social worker*, received a high level of agreement with a mean of 3.13.

Another concern put forward by the interview respondents was that, this form of practice has not been adequately researched to provide the public with a safe service. They questioned the ethics of using a form of practice that has yet to be substantiated in the literature. This theme was again paralleled in the quantitative data. The item stating that there *is* sufficient research about online interventions for its use in practice, received the lowest mean level of agreement (1.50) of any item on the instrument. Again, this concern is highly supported in the literature (Childress, 1998; Dumez, 1997; Heinlen, 2003; Oravec, 2000;). However, it is important to note that the respondents' perception of how much research has been conducted may be lower than the actual existing research.

The views of the Internet as an unsafe medium for the public may take a long time to alter. New software and hardware developments to verify credentials and encrypt information may begin to change this outlook. Public comfort levels may grow as time passes and people become more familiar with the technology. New models of practice may be developed and be shown to be effective. However, it is clear that now the regulators of the social work profession are not yet ready to accept it as a safe practice medium. For the respondents to view the Internet as an acceptable practice medium, it is not necessary to prove total security, rather a more likely standard is; *is it as secure as face-to-face practice?* Perfect security may not be an attainable goal in online practice. However it may be enough for social workers to feel assured that the confidentiality of their client files are as safe as they are in a traditional office setting.

Jurisdiction/Regulation

The final, and perhaps most important professional issue was that of jurisdiction/regulation. In the interviews, the respondents were very concerned that numerous problems would be created because online practice can so easily transcend regulatory boundaries. First, respondents were unsure of how a client would go about lodging a complaint against a worker. Second, respondents were unclear whose jurisdiction would respond to such a complaint. Finally, they questioned how such a complaint would be investigated. The respondents saw the issues of jurisdiction and regulation as having provincial, national, and international implications for the profession. These concerns were strongly supported in the survey responses, as 100% of respondents agreed or strongly agreed with the *jurisdiction item*. This item received the highest level of agreement on the survey, with a mean of 3.63, making it one of the strongest findings of the study. This fits with the concerns raised by Love (2000), Hughes (2000), and Levine (2000), who each state that resolving jurisdictional issues are key for the proper development of online practice.

Clearly, this is the most pressing professional issue for the respondents. This is due in part because it extends beyond the realm of Internet practice to other forms of practice such as telephone, videoconference, and visiting social workers. It is also important to consider the position of the respondents. The issue of jurisdiction is an area of specialization of the respondents. One could hypothesize that if the study investigated online practice at the level of agency leadership across the county, issues such as sustainability, and fiscal considerations might out-weigh jurisdiction.

Future Direction/Recommendations Findings

Trends

One of the *future direction* issues was *trends*, where respondents discussed the possibility of online practice developing. Many of the interview respondents saw the increase in online practice and the use of Internet tools in social work as inevitable. They felt that as more people become aware of this medium, it would attract more practitioners. Some stated that they were unsure how the development across Canada would proceed, but it was likely to happen in the near future. Again, the survey results supported the theme with over 90% of the respondents agreeing or strongly agreeing that this form of practice will increase in the future.”

Similarly the most common view in the literature is that online practice will increase, however, the speed of this development is hard to estimate. Predictions for the future of online counseling are also difficult given the rapid advances of technology. Although the age of electronic text-based communications has arrived, it is difficult to anticipate if online counseling will become established before it is superceded by another medium. Some postulate that the development of text-based communications may be short lived, and many practitioners may move directly to using videoconference as a practice tool, thereby completely forgoing text-based practices.

Possible Applications

Respondents discussed what client issues they thought would be best suited to online practice and how they saw the medium being utilized. Some respondents suggested less clinical uses of the medium. They suggested using it for consultation with

clients, other professionals or using it as an educational tool. Similar to what authors such as Lebow (1998) and Hughes (2001) have noted, several respondents suggested that online practice be used in conjunction with face-to-face meetings, thereby eliminating many of the problems inherent in the medium. This would still allow the users to take advantage of the medium's strengths, while reducing risks. The survey respondents concurred with this idea. The mean level of agreement was over 3.0 when asked if it should be used to supplement face-to-face practice.

Recommendations for the Provincial Organizations

The interview respondents commented on both the regulatory bodies and the professional associations within their respective provinces. Many respondents believed that the initiation of formal discussion regarding online social work practice issues is required. Several suggested that the formation of a committee, or the use of an existing committee that addresses private practice issues might be useful. Respondents also called for a review of the existing research on the topic and an examination of what other professional bodies have done to address the issue. Respondents in provinces where the regulatory and professional bodies are separate suggested that the professional associations could offer some training and public education on the issue, while the regulatory body could examine issues such as modifications to the practice standards. The survey item addressed both bodies under the more generic term of 'provincial organization' and asked if they needed to develop policies to address online practice. The agreement level was very strong with all of the respondents agreeing or strongly agreeing. The mean level of agreement on this item was one of the two strongest survey findings.

Recommendations for the CASW

When asked what role the Canadian Association of Social Workers should play in the development of online practice, many suggested that they take on the role of facilitator for the provinces. Respondents thought that the CASW could attempt to develop a level of consistency between the provincial organizations and co-ordinate the effort to address issues. The respondents stated that the CASW could help to distribute information and research between professional bodies in Canada, and internationally.

The interview respondents were of mixed opinion regarding alterations to the CASW Code of Ethics. Although some believed that changes could be made to better address online practice, others thought that this approach would fall short for several reasons. The first reason they stated was that the code of ethics is not intended to specifically address practice issues and should only be used as a guide. In addition, the CASW Code of Ethics has to be adopted by each province. Some argued that there would be more regulatory clout if changes occurred at the provincial level, because it can be better enforced. These respondents were concerned that the interest base in the organizations is not high enough at this time, to have the issues addressed. Although there were several reservations about making alterations to the CASW code, they were not evident in the survey data. In fact, 100% of those who responded thought that the CASW should make an effort to address online practice in the code of ethics.

Limitations of the Study

Although this study took many precautions to reduce the limitations of the design, there are inevitably weaknesses in any given approach. This section describes the limitations of the study.

One limitation is the study's generalizability. This study investigated the perceptions of the provincial registrars and other members in positions of organizational leadership with an interest in this topic. Although these views may provide insight into the current thinking of the provincial organizations' executives, they do not necessarily reflect the views of the membership. As well, caution is needed when trying to apply these findings to online practice outside of Canada.

Another limitation of the study is the heavy reliance on key informants for data. Patton (2002) points out that caution should be used when using key informants and that the researcher should remember that both the process of their selection and their opinions are subject to bias. If they are relied on too much, there is risk of losing objectivity. The key informants bias may gain undue influence over the study. Patton points out "Data from informants represents perceptions not truths" (p. 321).

Likely, researcher bias also had an influence on the results, however efforts were made to limit this effect as much as possible. For example, these effects were limited by measures taken to ensure trustworthiness in the qualitative findings, such as triangulation and audit trails. Also the study included a quantitative component to provide a more objective data source.

The response rate also weakened the results of the study. Of the possible 22 surveys, 16 were returned completed. Although this is a fairly good rate of return, results may have been stronger, had all of the surveys been returned.

One improvement that could be made to the study is to expand the sample size to include more members of the professional organization's leadership. In addition, the sample could have been expanded to include members of the CASW executive. Given

that both provincial and national agencies seem to play an important role in addressing online social work, both perspectives should be sought out. This study investigated the leadership in the provincial organizations because registration and regulation occurs at the provincial level. It was only due to lack of time and resources that interviews with the CASW executive were not conducted.

Recommendations

Respondents were unsure of the interest levels regarding online practice in their respective organizations. Although most stated that steps should be taken to address the issue of online social work and that formalized discussion should begin, this may not be reflective of the general memberships' goals. Many respondents noted that for any action to occur, it would have to be initiated by member-based interest. Therefore, a logical place to start is to investigate the interest of members. Such an investigation would better inform the provincial organizations on how to proceed. If interest levels are high in each province, then they can follow the suggestions of the respondents in forming committees or using some of the existing private practice committees to begin to address practice, regulatory, and ethical issues. If interest levels are low, then provinces may choose to partner with one another and share responsibility.

Some respondents suggested that this topic has a low priority in the organizations, not because of a lack of interest, but rather because of low awareness. Many respondents suggested that awareness of online counseling be raised through both the national and provincial organizations. The annual provincial conferences, as well as the national convention, would be a logical venue. Speakers at such conferences would serve to

inform their members of the issues involved in online practice. This may also give regulators a better chance to determine the membership interest in online practice.

Not only is it appropriate to look internally at what the membership interest levels of the provincial organizations are, but it is also important to look externally at what other professional organizations have done. This may involve investigating social work professional bodies in other countries, or it may mean examining the regulatory practice of other professions in Canada. Proposed standards such as those of the International Society for Mental Health Online may be a useful starting point for social workers to develop their own policies.

Another possibility is to form a national committee, an option that has both strengths and limitations. Although a national based committee might provide a better way to address cross-jurisdictional issues and develop more consistency amongst the provinces, social work licensing and regulation in Canada has always been based on a province-by-province basis. Developing policy and enforcing it on a national basis may not be feasible. However, it was the opinion of several respondents that the most useful role the CASW could adopt was to provide a forum for discussion.

The respondents for this study were concerned that social workers lacked the technical knowledge and computer skills to ensure safe practice. Many stated the Internet lacks the security to pass confidential information. As professional social work organizations begin to take action on online practice, it is important that they seek out the appropriate technical assistance from experts in the field. Consultation with experts can give social workers the tools and strategies to approach online security with more

confidence. It is important that social workers examine the safety level of the Internet based on facts, rather than perceptions.

An inadvertent finding of the study was the respondents' comments on the strained relations between the CASW and the provincial organizations. Although this was not a focus of the study, it was found that the provincial organizations have felt left out of some key decision making processes by the CASW. These strained relations could negatively impact any coordinated effort to address Canadian wide social work issues, including online practice. It is important for the CASW to seek input on issues from the provincial organizations whenever appropriate. Also key is allowing an open flow of information between the CASW and the provincial bodies.

Respondents were concerned that online clients may have difficulty in determining if social worker credentials are legitimate when working online. One suggestion made in the literature is to have an online registration system so that clients can more easily verify the professional standing of their worker. Should discussions of online practice proceed, provincial organizations may want to investigate the feasibility of posting practice rosters on the Internet.

Recommendations For Future Research

In all likelihood there will be more investigation into the effectiveness of online interventions. New models of text-based clinical interventions will continue to be designed and tested. Although empirically based research into the effectiveness of online interventions is greatly needed, the findings from this study show that research needs to extend beyond the practice aspects and address ethical and regulatory issues. Although the respondents thought that there are numerous practice questions that need to be

answered, some of their biggest concerns were with professional issues, such as the structure of online complaint mechanisms, jurisdiction and protection of the public. Even if online practice models are developed and proven highly effective, it still needs to be determined if they can be delivered in a safe and legal manner for both the client and worker.

It would be useful for researchers to monitor and report on court cases that arise as a result of online practice. Likely, as online practice continues to emerge, legal precedents will be continually set. Practitioners should be kept up to date on how online policy is developing in the legal sense.

In order for online practice to be sustainable for workers, some investigation is needed into how employee assistance programs and insurance companies are reacting to the medium. Will practitioners engaging in online practice be covered? Will employee assistance programs view online social work as an acceptable form of service delivery?

Another area identified by respondents that requires more attention by researchers is the implications of working with a client that is from a different culture. This topic has received little attention in the research thus far. Social workers using anti-oppressive practice models might conduct further research into how the Internet can be an exclusive medium for certain client populations.

If and when minimal practice parameters for online social workers are established, researchers need to investigate how well these policies can be implemented and enforced. More studies that investigate the compliance to online practice standards, such as the one conducted by Heinlen, Welfel, Richmond and Rak (2003), need to be conducted.

As mentioned in the limitations section, the CASW perspective on online counseling should be sought. The CASW may play a key role in the development of social work practice online.

This study focused on text-based online interventions. It is the opinion of several researchers that text-based chat and email may soon be replaced as the most popular online communication with video and voice conferencing. Although many of the issues are the same between these Internet tools, researchers should also address Internet practices that entail audio/video components. Research in the area of online practice will likely be one step behind the latest technological developments.

Conclusion

The respondents had little exposure to online practice, and it was clear that they relied on their ethical training to direct their responses. At the heart of the social work profession is the core value of acting in the client's best interest (Reamer 1999). This very notion is central to all of the themes developed by the respondents. Virtually all of the benefits and limitations identified by the respondents revolved around doing what is in the client's best interest, before, during, and after the delivery of services online. For example, the theme of access was generally viewed as a positive feature, given that it allows clients the chance to reach services that they may otherwise not receive. Practice concerns predominantly centered on the safety of the client: is the Internet secure? Are clients comfortable in a text-based environment? Similarly the professional issues identified by the respondents focus on: Are clients receiving competent services? Are clients provided with the appropriate channels through which they may lodge a complaint? How are standards of care enforced when using online services? Most of the

respondents were of the opinion that although online practice has its benefits, it is a long way from being an ethically viable form of practice.

Ultimately the profession will have to judge if online practice becomes part of the social work repertoire. From a purely ethical based position, online counseling's advantages may seem to be outweighed by its potential hazards. However, social workers may find new ways to reconcile professional values, ethics, and practice standards with online practice. Reamer (1999) writes that social work values are not static and unchanging, rather they are flexible and have matured and been refined over time. Online counseling may, in many ways, run contrary to social work's current understanding of what ethical practice entails, however this may change as electronic communications are improved and become even more common in society. Social workers may need to re-examine their current ethical interpretation of online practice. In many ways, online practice is very compatible with social work values. For example, one value is that social workers create change based on human relationships. The relationships in online practice may initially seem awkward, but more and more evidence shows that although these relationships may appear very different, they have many of the same features as face-to-face relationships (see Anthony, 2000; Cook & Doyle, 2002; Cohen & Kerr 1998). A second value held by the profession is an individual's right to privacy, and online practice may provide social workers with a unique way to maintain anonymity. Remote delivery affords us new ways to reach people in need and offer services. All of these notions are consistent with social work values. Through the development of technology, creation of policy and more extensive training, many of these perceived shortcomings to ethical online practice may be overcome.

The majority of the respondents felt that online practice, in one form or another, is inevitable. Further, many respondents were of the belief that to completely reject online practice because of its perceived shortcomings is not warranted. However, numerous issues with online practice have to be resolved before the profession can be truly comfortable with it, and respondents believed that discussion needs to start now.

Organizations such as the International Society for Mental Health Online are making key decisions for the future of online practice. They are leading the way in formulating codes of conduct and overseeing the development of counseling on the Internet. Online practice is currently in its formative and impressionable stages. Now is the time for social workers to make their mark on what online practice should look like. Not doing so may result in policy that fails to reflect social work values and practice standards. By not participating in the process now underway, social workers will be subject to the policies developed by other professions. If social workers want their unique outlook on practice to be reflected in online practice policies, then they need to have input now. By being proactive, Canadian social workers may be able to reduce the number of problems encountered in the future and play an active role in shaping the way mental health practitioners deliver services online.

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Appendix A: Cover Letter For Interview/Survey Respondents

[Date]

[Respondent Address]

Dear [Respondent Name],

Your name was suggested to me by [Key Informant] of the [Provincial Organization]. I am writing to you to request your assistance with a research project.

I am an M.S.W. thesis student at the University of Calgary currently conducting research on clinical social work practice using Internet tools such as email and chat. This new medium potentially raises many ethical and logistical concerns along with a unique set of possibilities. My study will explore these issues and how professional social work organizations across Canada are responding to this new form of practice. The objective of this research is to raise awareness amongst practitioners and within social work professional organizations, as well provide practical information on how to approach Internet social work.

As part of this study, I am obtaining information from key informants in social work organizations across Canada. [Key Informant] suggested your name because of your interest and knowledge in this area. **I am asking for your participation in this study as well as requesting that you nominate one other member of your organization** who is also highly knowledgeable about these issues to participate. Half the participants will be asked to be interviewed by phone (approximately 45 minutes) and fill out a mail survey (approximately 10 minutes) while the other half will simply complete the mail survey.

If you are unable to personally participate in the study I would ask you to nominate **two** members of your organization to participate, as it is important to have all of the regulatory bodies across Canada represented in the study.

I have included a draft of the interview questions and survey in advance (see attached pages). All provincial organizations that participate in the study will receive a copy of the results. I will be contacting you by phone shortly to obtain the name of your nominee and to provide further details. If you have any questions or comments please feel free to contact me by email (abaxter1@telus.net) or by phone (403-282-0566).

Your assistance is greatly appreciated.

Sincerely,

Andrew Baxter, BSW, RSW

Appendix B: Cover Letter for Survey Respondents

Date

[Respondent Address]

Dear [Respondent Name],

Your name was suggested to me by [Key Informant] of the [Provincial Organization]. I am writing to you to request your assistance with a research project.

I am an M.S.W. thesis student at the University of Calgary currently conducting research on clinical social work practice using Internet tools such as email and chat. This new medium potentially raises many ethical and logistical concerns along with a unique set of possibilities. My study will explore these issues and how professional social work organizations across Canada are responding to this new form of practice. The objective of this research is to raise awareness amongst practitioners and within social work professional organizations, as well provide practical information on how to approach Internet social work.

As part of this study, I am obtaining information from key informants in social work organizations across the country. [Key Informant] suggested your name because of your interest and knowledge in this form of social work practice and your involvement with the provincial organization.

I am asking that you fill out the survey included in this mailing. It should take approximately 10 minutes to complete. Please ensure that you sign and mail the informed consent form along with the completed survey.

If you have any questions or comments please feel free to contact me by email (abaxter1@telus.net) or by phone (403-282-0566).

Your assistance is greatly appreciated.

Sincerely,

Andrew Baxter, BSW, RSW

Appendix C: Consent Form for Interview and Survey Respondents

Please use the provided envelope and return this form with your survey

Research Project Title: Exploring Issues in Online Clinical Social Work

Investigator: Andrew Baxter

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The purpose of this research is to identify and explore the emerging issues arising from online clinical social work. I have asked you to participate to gain a better understanding of how professional social work organizations across Canada view online practice. The results of this study will serve to assist the provincial organizations in the formulation of policy to better guide practice. The study also aims to raise awareness among practitioners who are currently practicing or considering practice through this medium. Participation in the study involves a phone interview (approximately 45 minutes in duration) and a survey (approximately 10 minutes in duration). Even though you have been nominated by your association you are in no way compelled to take part in the study and you should feel free to stop your participation at any time.

Your responses are confidential, only the researcher and supervisor will have access to the transcripts. Identifying information will be removed from the transcript and from the survey form. Your identity will not be mentioned in the final report. Once the interview has been transcribed, I will be contacting you again to allow you to go over the written copy to ensure accuracy. This will allow for any additional responses or changes you would like to make.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact:

Andrew Baxter
Phone: (403) 282-0566
Email: abaxter1@telus.net

Dr. Peter Gabor:
Phone: (403) 329-2794
Email: gabor@uleth.ca

If you have any questions or issues concerning this project that are not related to the specifics of the research, you may also contact the Research Services Office at (403) 220-3782 and ask for Mrs. Patricia Evans.

Participant's Signature

Date

Investigator and/or Delegate's Signature

Date

Witness' Signature

Date

A copy of this consent form has been given to you to keep for your records and reference.

Appendix D: Consent Form For Survey Respondents

Please use the provided envelope and return this form with your survey

Research Project Title: **Exploring Issues in Online Clinical Social Work**

Investigator: Andrew Baxter

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The purpose of this research is to identify and explore the emerging issues arising from online clinical social work. I have asked you to participate to gain a better understanding of how professional social work organizations across Canada view online practice. The results of this study will serve to assist the provincial organizations in the formulation of policy to better guide practice. The study also aims to raise awareness among practitioners who are currently practicing or considering practice through this medium. Your participation in the study involves a survey (approximately 10 minutes in duration). Even though you have been nominated by your association you are in no way compelled to take part in the study and you should feel free to stop your participation at any time.

Your responses are confidential, only the researcher and supervisor will have access to your responses. Identifying information will be removed from the survey form. Your identity will not be mentioned in the final report.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact:

Andrew Baxter
Phone: (403) 282-0566
Email: abaxter1@telus.net

Dr. Peter Gabor:
Phone: (403) 329-2794
Email: gabor@uleth.ca

If you have any questions or issues concerning this project that are not related to the specifics of the research, you may also contact the Research Services Office at (403) 220-3782 and ask for Mrs. Patricia Evans.

Participant's Signature

Date

Investigator and/or Delegate's Signature

Date

Witness' Signature

Date

A copy of this consent form has been given to you to keep for your records and reference.

Appendix E: Interview Questions (Mailed to Respondents)

Interview Questions

Below is a list of questions you will be asked during the phone interview. I will contact you shortly to arrange a convenient time to conduct the interview. Thank you again for your participation.

1. What are the emerging issues in this new form of practice?
2. What do you feel the potential benefits are to this form of practice?
3. What do you feel are the potential limitations to online practice?
4. What are the likely ethical issues to emerge in online practice?
5. What role should the provincial organizations play to ensure the positive development of online services?
6. What role should the Canadian Association of Social Workers play to ensure the positive development of online services?
7. Do you have any other points or concerns regarding this issue?

Appendix F: Survey

In this survey we are interested in your professional opinions regarding clinical social work and its delivery via the Internet. **These practices include individual couple or group counseling through such tools as email, chat and online bulletin boards.** The survey should take about 10 to 15 minutes to complete.

Please read the following statements and indicate with a check if you strongly agree, agree, disagree, or strongly disagree in the corresponding boxes below. Please answer all of the items on all pages.

Once completed, please mail the survey along with the informed consent pages using the envelope provided.

Name (Optional): _____

Province: _____

1. By working via the Internet, clinical social workers are better able to provide access to clients who are geographically isolated or disabled.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

2. The Internet media provide faster and easier access for clients.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

3. It is more difficult for social workers to make a referral when working on the Internet.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

4. Working on the Internet is convenient for clients.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

5. The Internet is a secure medium for dealing with clients and confidential materials.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

6. When working via the Internet, obtaining informed consent poses no more difficulty than in face-to-face practice.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

7. It is difficult for clients to verify the credentials of social workers practicing via the Internet.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

8. It is difficult to handle crisis situations when practicing via the Internet.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

9. If clients goes into crisis after an online session there is no way to assist them.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

10. Clients benefit from having an improved sense of anonymity when working with a social worker online.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

11. Without visual and auditory cues, proper assessment is difficult.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

12. The risk of clients deceiving workers is far greater when working over the Internet.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

13. The act of the client writing out their issues enhances the clinical process.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

14. Working over the Internet is difficult because collaterals of the clients cannot be consulted as easily when working in a face-to-face environment.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

15. Working with text transcripts from Internet sessions is helpful in clinical supervision.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

16. Current social work training is transferable to a text-based environment (such as email and chat rooms).

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

17. The lack of visual cues when working on the Internet will reduce the effectiveness of interventions.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

18. There is sufficient research regarding Internet counseling to use this technology for social work practice.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

19. When conducting clinical work via the Internet it is difficult for workers to be culturally sensitive to the needs of their clients.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

20. The Internet should only be used as a supplement to direct clinical practice (e.g. consultation with professionals, or for educative purposes).

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

21. The use of Internet tools (such as email and chat) in clinical social work will increase in the future.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

22. Social workers using the Internet for clinical work raises issues around jurisdiction of practice.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

23. Provincial social work organizations need to develop new policies to deal with this form of practice.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree

24. The Canadian Association of Social Workers should further address this new form of practice in the code of ethics.

☐

Strongly Disagree

☐

Disagree

☐

Agree

☐

Strongly Agree