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**Online Counseling:  
What you need to know before**

**Houston 2001 APA div17 Conference  
Houston, Texas**

**March 3rd, 2001**

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**Online Presentation and Handouts at:** <http://www.therapistweb.net/workshop/>

**Private practice page at:** <http://markvardell.tripod.com/>

Presentation Outline

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Presenter: Mark Vardell, MA, LPC, LMFT, LCDC

Title: Online Counseling: What you need to know before...

Description/Overview: There is no longer a question of whether online counseling is viable. The more recent questions are asking whether the mental health professional is adequately prepared for this challenge. This workshop provides ethical, legal and technological considerations. Some estimate that presently there are 20,000 healthcare related sites and they are rapidly growing. Others estimate that 88.5 million dollars will be spent for healthcare related products and services by the year 2005. Mental health services and products are included in these figures. Although it is difficult to assess, some suggest that as much as 40% of health related searches are on mental health topics. Presently there are well over 350 mental health related sites that are currently indexed on major search engines. Conservative estimates indicate that as many as 200 to 400 websites offer some form of online counseling. The presence of mental health professionals online is experiencing rapid growth. This workshop explores historical and current trends in online counseling. Theoretical constructs, research and issues will be explored. Current ethical guidelines will be covered as well as legal and professional considerations. Technologically advances and their limits will be explored in conjunction with practical issues facing the mental health professional.

Objective. Participants will be able to:

1. Discuss and identify key concepts, theory and issues of online counseling
2. Identify the current state of online counseling, including literature and research
3. Discuss and identify current professional ethical guidelines as well as legal issues
4. Discuss and articulate current technological advances, limits and issues.

Presentation Content:

1. Introduction: Current Trend of eTherapy.
  - \*By the numbers
  - \*Advantages and disadvantages
  - \*Mental Health online. Self-help to counseling
2. Theory and Technique.
  - \*Is this therapy?
  - \*The different communication channels
  - \*Overview of ISMHO Case Study Group Working Hypothesis
  - \*Special Topic: Online Therapeutic Relationship
3. Online Concurrent Chat Panel Discussion
4. Ethics of Online Counseling
  - \*Confidentiality
  - \*Licensure and Training
  - \*Other and Legal Issues
  - \*Current Organizational positions and propositions

Summary: Technical considerations. Q&A, References, Resources and Suggested readings

Method:

Lecture, Discussion with handouts, Internet demonstration/tour

## I. Online Counseling - Introduction

- Current Trend of eTherapy
  - eTherapy follows the general interest patterns of health care interest on the Internet.
  - Fully 93% of those who have gotten health information say that convenience is important.
  - Internet users also like to search a diverse menu of resources – from commercial sites like Drkoop.com to government sites like the federal National Institutes of Health ([www.nih.gov](http://www.nih.gov)).
  - Eighty-three percent of those who have sought health information say it is important that Internet users can get more health information online than from other sources.
  - Estimate that 88.5 million dollars will be spent for healthcare related products and services by the year 2005. Mental health services and products are included in these figures.
  - According to surveys by PEW Internet and American Life: 91% of health seekers (online) have looked for material related to a physical illness.
  - 26% have looked for mental health information.
  - 13% have sought information about fitness and nutrition,
  - 11% have sought basic news about health care, and
  - 9% have sought information about specific doctors, hospitals, or medicines.
- A recent Google search for "online counseling" yielded 592,000 returns.
- Martha Ainsworth of Metanoia (consumer advocacy site) estimated in November 2000: 300 independent etherapy sites plus 3 e-clinics with 700 additional e-therapists.
- John Grohol of HelpHorizons.com has predicted that online practioners could reach as much as many as 5,000 online practitioners.

### The Appeal:

- Flexibility. Consumer and provider. The convenience of scheduling and the elimination of traditional attendance issues such as inclement weather or remote location issues are lessened.
- More control by the consumer. John Suler refers to this as "equalization of power"
- An economically alternative for those who can not afford traditional f2f therapy
- As an introduction to therapy or exploratory motivations ... "getting one's feet wet" principle.
- It is possible that certain populations make for better candidates for online therapy, such as people with social phobic disorders.
- In a survey conducted by Storm King (1998) of 30
- Consumers of etherapy services, over 70 percent said they felt their
- etherapist truly cared about them.

### The Disadvantages:

- Lack of control for the provider. These include therapeutic agreements, technical and as well as to some degree even financial.
- Security and confidential issues can be compromised.
- Therapeutic alliance issues and traditionally very important decisions such termination can be unpredictable.
- Payment and financial arrangements has to be more thoroughly thought out than traditional pay per session arrangements.
- Loss of nonverbal. The communication, which still primarily relies on text, based interaction poses risks in miscommunication and difficulties for the therapist in assessing a client's meaning and state.
- Anonymity poses risks for both consumer and provider. Do you know whom your really interacting with?

## II. Theory and Technique

- History of online mental health probably began with support groups on local bulletin board (BBS) as early as the 1980's.
- Most readily agree that counseling online is not psychotherapy or counseling.
- John Grohol (1999) views professional intervention on a continuum from traditional to "e-therapy" interventions:
  - Psychotherapy
  - Counseling
  - Coaching
  - Telephone
  - Videoconferencing
  - VR
  - Avatar Chat
  - Text Chat
  - E-mail
- The type of services currently available ranges from self-help, support groups to specialized online counseling. Each with its unique type of considerations and dynamics.
- The modality and the channel one can effect the dynamics of the interaction:  
For example asynchronous communication such as email has been studied with a variety of observations and unique peculiarities:
  - Message board
  - Chat
  - Mailing List groups
  - Email
- Overview of ISMHO Case Study Group Working Hypothesis

## II. Special Topic: The Online Therapeutic Relationship. Presented by Vagdevi Menuier, Ph.D.

- ### III. Concurrent Chat Panel Discussion: Panel Members include:
- John Suler, Ph.D.
  - Michael Fenichel, Ph.D.

## IV. Ethical, Legal and Professional Issues

- The question that perplexes many is the issue of can a counselor adheres to the traditional professional codes online. Some of the issues raised include:
  - Is the counselor available for emergencies?
  - How accurate and complete is informed consent online?
  - Is there a different standard for assessment of an online client?
  - How does the counselor assess danger to self or others?
  - What does is the counselor required to do with suicidal ideation?
  - Is the consumer more vulnerable to misrepresentation or at worst fraudulent providers?
  - Does licensure allow counselors to practice virtually out of the licensing state?
  - What are the obligations of the counselor to provide a secure environment for the client?

## VI Site Tour and Technical and Proficiency Discussion

## VII. Summary and Q&A

## References, Suggested Readings and Web links

### Online Reference Links:

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- American Counseling Association (1999). Ethical Standards for Internet On-Line Counseling. <http://www.counseling.org/gc/cybertext.htm> (accessed 02/01)
- Ainsworth, M. (1997). Issues in mental health services. <http://www.metanoia.org/imhs/issues.htm> (accessed 2/01)
- Ainsworth, M., & Grohol, J. (1997). Credentials check. <http://www.cmhc.com/check> (accessed 2/01)
- Barak, A. (1999). Psychological Applications on the Internet: A Discipline on the Threshold of a New Millennium. <http://construct.haifa.ac.il/~azy/app-r.htm> (accessed 2/01)
- Childress, C. (1998). Potential risks and benefits of online psychotherapeutic interventions [on-line]. <http://www.ismho.org/issues/9801.htm> (accessed 2/01)
- Fenichel, M. (1997). "Internet addiction": Addictive behavior, transference or more? <http://web0.tiac.net/biz/drmike/addiction2.shtml> (accessed 2/01)
- Grohol, J. (1999). Best Practices in e-therapy. <http://psychcentral.com/best/> (accessed 2/01)
- Health on the Net Foundation (1997). Health on the Net Foundation code of conduct for medical and health web sites. <http://www.hon.ch/HONcode/Conduct.html> (accessed 2/01)
- International Society of Mental Health Online (ISMHO) Suggested Principles Ethical Proposal. <http://www.ismho.org/suggestions.html> (accessed 2/01)
- Ingram, J. (1998). Cybertherapy: Pariah or promise? [on-line]. Available. <http://cybertowers.com/selfhelp/ppc/viewpoint/cybpapr.html> (accessed 02/01)
- King, S. A., & Moreggi, D. (1998). Internet therapy and self help groups - the pros and cons. <http://www.concentric.net/~Astorm/Chapter5/index.html> (accessed 02/01)
- Maheu, M. Women's Internet Behavior: Providing Psychotherapy Offline and Online for Cyber-infidelity. <http://cybercounsel.uncg.edu/featurearticles/artofweek031500.htm> (accessed 02/01)
- National Board for Certified Counselors (1997). Standards for the Ethical Practice of WebCounseling. <http://www.nbcc.org/ethics/wcstandards.htm> (accessed 02/01)
- Suler, J. (1998). Online psychotherapy and counseling. <http://www.rider.edu/users/suler/psyber/therapy.html> (accessed 02/01)
- Resource Links:
- Mental Health Net. <http://mentalhelp.net/>
- International Society of Mental Health Online <http://www.ismho.org/>
- Yahoo Mailing List <http://groups.yahoo.com/> yahoo/egroups mailing lists
- John Grohol Psych Central <http://www.grohol.com/>
- APA dotComSense <http://helping.apa.org/dotcomsense/>
- Metanoia <http://www.metanoia.org/>
- Technical Resource Sites:
- Internet.com <http://www.internet.com/>
- Search Engine Watch/ Danny Sullivan <http://searchenginewatch.com/>
- Computers In Mental Health <http://www.ex.ac.uk/cimh/software.htm>
- Computer Use in Social Service <http://www2.uta.edu/cussn/diskcopy/diskcopy.htm>

**Panel Members :** Chatpanel discussion for Online Counseling: What you need to know before...

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<http://www.rider.edu/users/suler/psycyber/suler.html>

John Suler is a professor of psychology at Rider University and a practicing clinician. He is internationally recognized for his research on the psychology of cyberspace and publishes all his work in his online hypertext book "The Psychology of Cyberspace."

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Vagdevi Meunier is a Staff Psychologist and the Outreach Coordinator at the UT Counseling and Mental Health Center. She has been online since 1984 and has been studying the effects of Internet use since 1997. Dr. Meunier is currently working on ways to offer online interventions and psychoeducation to students at this university.

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Michael Fenichel, Ph.D. [drmike@psychservices.com](mailto:drmike@psychservices.com)

<http://www.psychservices.com>

Michael Fenichel is a clinical psychologist who has over fifteen years plus in schools, clinics, and private consultation. His specialties include cognition, online communication, and relationships. Dr. Fenichel maintains a large online website and specializes (in RL) in adolescence, online behavior, and thinking. He is a founding member and current President of the International Society of Mental Health Online.

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John Grohol, Psy.D. [grohol@psychcentral.com](mailto:grohol@psychcentral.com)

<http://psychcentral.com/>

John M. Grohol, Psy.D. is a Boston author, online expert, and researcher. He built drkoop.com's mental health center and was the co-founder and director for nearly 4 years of Mental Health Net, one of the top 10 most-trafficked mental health Websites online (according to PC Data). As the youngest chief operating officer in the behavioral healthcare industry today, he oversees the continuing development of HelpHorizons.com, an e-therapy services provider.

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Author and researcher Storm King has been studying the value of online self help groups and the psychology of virtual communities; specifically the therapeutic value perceived by members of email groups that function as self-help groups. He has proposed innovative ways for psychologists to use the Internet with clients and to gain new insights into a variety of disorders. He created and maintains a clearinghouse website for researchers in the psychology of virtual communities.

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<http://www.dr-bob.org/mental.html>

Robert Hsiung, MD, aka Dr. Bob, is an Associate Professor of Clinical Psychiatry and a member of the Associate Faculty of the MacLean Center for Clinical Medical Ethics at the University of Chicago. He serves on the steering committee of the Psychiatric Society for Informatics, the editorial board of CyberPsychology & Behavior, and the Ethics Committee of the Illinois Psychiatric Society.

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Mark Dombeck, Ph.D. [mark@cmhcsys.com](mailto:mark@cmhcsys.com)

<http://mentalhelp.net/>

Dr. Dombeck's psychological interests have always focused on understanding mood and anxiety disorders, and in particular the study of coping and defensive mechanisms. In a past career life, he spent considerable time studying the attentional mechanisms underlying what has been termed the "repressor personality style". Clinically, Dr. Dombeck has focused his work on patients suffering with severe personality disorders, depression, and substance abuse.

\*Reprint and reproduction permission granted to M. Vardell by John Suler and Michael Fenichel\* Original online article at: <http://www.rider.edu/users/suler/psycyber/casegrp.html>

Related Article: Original Hypotheses about Online Psychotherapy and Clinical Work online article. <http://www.rider.edu/users/suler/psycyber/workinghyp.html> <http://www.rider.edu/users/suler/psycyber/workinghyp.html>

The Online Clinical Case Study Group  
of the International Society for Mental Health Online  
A Report from the Millennium Group

## I. Origin and Purpose of the Group

Case presentations cover the wide range of styles and formats for online clinical work. The worlds of psychotherapy and the Internet have come together. Clinicians are encountering an increasing number of clients whose lives have been affected significantly by their activities in cyberspace. In a wide variety of styles and formats, psychotherapy also is moving onto the Internet. What are the special skills and knowledge that clinicians need in order to adapt to this intersection of cyberspace with the mental health profession?

In the months before the turn of the millennium, the International Society for Mental Health Online (ISMHO) created its Clinical Case Study Group. Organized and facilitated by John Suler and Michael Fenichel, the group is devoted to the discussion of psychotherapy cases and professional clinical encounters that involve the Internet. The creation of the group evolved out of the need for more in-depth explorations of clinical cases in which online life and interventions play an important role. There are many online groups devoted to discussions of counseling and psychotherapy in cyberspace. Usually those discussions are speculative, theoretical, and anecdotal - which often leads to a dialogue that lacks centeredness and a real world anchor. The goal of the case study group is to generate a more systematic investigation where real clinical cases provide a practical, experience-near grounding for the discussion.

The group's philosophy is that clinical work involving cyberspace sometimes will resemble traditional in-person psychotherapy, but also that cyberspace has resulted in some very new clinical issues and intervention formats. Therefore, the group is designed to investigate cases that cover a range of topics:

face-to-face (f2f) therapy cases in which contact with the client via the Internet played a significant role (e.g., e-mail between sessions, the use of web sites as resources)

short and long term clinical encounters with people that occurred primarily via the Internet (e.g., therapy via e-mail or chat)

professional consultations that occurred via the Internet, including, for example, giving advice and/or information to people who contact an online professional and

supervision via the Internet (e.g., via e-mail or message boards)

f2f therapy cases in which the client's activities in cyberspace were a significant issue in the therapy

online groups and communities in which the mental health professional acts as a organizer, facilitator, or consultant

## II. The Group's Format

The group's design is intended to maximize cohesion, participation, and group identity. To help maximize confidentiality, cohesion, and group identity, the list is kept small in size and is closed during case presentations. The "Millennium Group" which began in the Fall of 1999 consisted of 16 mental health professionals from diverse backgrounds. All members took turns describing their cases as a stimulus for group discussion. Beginning on a Monday, each presentation and the ensuing discussion typically lasted one week (a pace that at times made it difficult for some members to keep up). A separate "format and process" thread was used to discuss technical problems, observations about the process of the group, and suggestions for improving it. At the beginning of the group, a message from the facilitator outlined some guidelines:

Give feedback to each presenter. None of us wants to take the risk involved in presenting our work and then having no one respond. Chronic lurking is not OK on this list.

Avoid long, scrolling messages. Be concise. It will be harder on you to construct a precise, to-the-point message, but the net result for everyone will be a more focused, less overwhelming batch of messages.

Avoid long quotes of previous messages. Quote the specific sections you are responding to.

Let us know when you will be away from your computer for extended periods of time.

Be HELPFUL to the presenter, not critical. We will expect respectful, professional behavior on this list. Persistent disrespectful behavior will result in your being unsubscribed. Appeals can be made to the ISMHO Executive Committee if you disagree with the decision to remove you.

A problem with many e-mail groups is their amorphous membership and process. Often the implicit norm is that you can subscribe and unsubscribe whenever you want, participate or lurk as you wish, respond to others, ignore them or digress. This lack of structure sometimes leads to a group that is fragmented, disorganized, and lacking in group spirit and identity. The guidelines of the ISMHO case study group that are listed above - as well as the rule that every member must present a case - are designed to

counteract these tendencies. They help create focused discussions, personal commitment to the group, and a supportive, cohesive atmosphere.

### III. The Group's Ethical Guidelines

The confidentiality and welfare of the clients discussed is the group's prime directive. After the initial introductory stage when members sent a message describing themselves and their backgrounds, the Millennium Group discussed in depth the ethical dimensions of the group's format. The welfare of any clients or groups that would be presented in the cases was considered of paramount importance. As a starting point, the group discussed the ethical standards of the American Psychology Association regarding the use of confidential information for didactic purposes:

(a) Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that one obtained during the course of their work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.

(b) Ordinarily, in such scientific and professional presentations, psychologists disguise confidential information concerning such persons or organizations so that they are not individually identifiable to others and so that discussions do not cause harm to subjects who might identify themselves.

At the end of its discussion of ethics, the group created a document that outlined its own guidelines. These items above were included in that document. The group also included a list of questions that encourages its members to consider the unique ethical aspects of a cyberspace case study group. The issues embedded in some of these questions reflect the group's philosophy that clinical work involving the Internet has opened new territory not previously encountered in traditional f2f therapy - especially issues regarding online identities and access to computer records (#1 and #4). Question #1 is considered the "prime directive" with #2 being an extension of it.

1. Are you protecting the confidentiality of the person or group by disguising and/or deleting information that could directly or indirectly reveal the person's online or offline identity, or the group's identity and location?
2. Does anyone on this list have direct or indirect contact with the person/s you will discuss, and could this jeopardize the person's confidentiality or in anyway harm those person/s?
3. Has the person given permission for their case to be discussed?
4. What precautions have you taken to safeguard the security of messages from our discussion group presentations (i.e., how have you restricted access to your computer and these email messages)?
5. Are you requesting explicit permission from the appropriate individual and/or the whole group to use quotes or specific material for research, teaching, presentations, or publication?
6. During your discussions with people OUTSIDE of this list (professional or otherwise), how will you protect the confidentiality of the list and the cases presented here?

### IV. The Types of Cases Presented

Reflecting both the diversity of our group's professional backgrounds and the wide variety of presenting problems which members were asked to address, group members were privy to a wide variety of clinical presentations. Ranging from issues of online relationships, to more global functioning within family, work, and community, there were numerous opportunities to explore the efficacy of online treatment approaches and the extent to which both practitioners and clients benefited from new and unique approaches towards integrating online and offline experience.

In keeping with the group's established guidelines for confidentiality, the names of clients were changed, often to poetic or symbolic representations of the case dynamics, in keeping with a long tradition of clinical case presentations, dating perhaps to the writings of Freud (e.g., "The Case of Little Hans", or the "Wolf Man"). The designated case title (e.g., "The Case of Miro", involving an artist) would then become the subject header for the particular case being discussed by the group participants, and constituted the primary discussion thread for that week.

An overview of the Millennium Group's case presentations, distilled from over 900 posts between November 1999 (following a month of developing guidelines) and the end of the first group cycle in mid-April 2000, would highlight the following cases :

--Case #1 An online support group oriented towards career counseling and support

This case involved a focus on how both counselor and participants communicate support and advice. Both practical issues (e.g., resume writing) and self-esteem issues were explored. Additional discussion concerned aspects of how the group and therapist reacted to specific career choices which were not universally viewed as "socially acceptable".

--Case #2 Individual online treatment (e-mail and chat) for severe anxiety and depression

This presentation centered around the development of online treatment parameters and goals. Also raised by the group were issues of emergency contingency management and observations about the intensity of the process despite absence of f2f meetings. This case utilized an actual transcript of a session, which offered the opportunity for a closer examination of both process and content, and stimulated a lively discussion of ethical, practical, and technical concerns.

--Case #3 Adjunctive daily online sessions supplementing f2f therapy

Here was an approach which proved effective in a complex case with a fragile patient. Issues of boundaries were highlighted, along

several dimensions relating to both anxiety and addiction. A need for structure, backup plans, and coordination between service providers, was a major focus.

--Case #4 Online group dynamics and the issue of "lurking"

This presentation consisted of an exploration of how individual member non-participation ("lurking") can effect the vitality and cohesiveness of online groups. A look at group norms and guidelines became a subtext for discussion, including an exploration on how "back-channel" communication may have impacted on the process.

--Case #5 Online life (and inner life) becoming the focus of f2f treatment

In this presentation, a case was presented where despite the treatment occurring exclusively face to face, it was clearly the discussion of the client's online autobiography and creative work that became a turning point in the therapy. In this case presentation, the concept of "twinning" was introduced, as well as the oft-repeated themes of empathy and of online dis-inhibition.

--Case #6 Issues arising from an online support forum

This presentation focused on two separate cases, one highlighting the phenomenon of "chat room addiction" and the difficulties inherent in referring to offline treatment, and the other centering around one group member's exhibitionism and flamboyance. The intersections were explored in terms of individual and group dynamics, dependency, false identity, and "lurking".

--Case #7 E-mail, intimacy, and f2f treatment

The focus was on intimacy, in this case of a client involved in online romantic affairs, seeing a therapist f2f but also using e-mail between sessions. What emerged among the group was an exploration of the ways in which this facilitated expression of intense and immediate feelings.

--Case #8 Multi-dimensional treatment for social phobia and anti-social online behavior

A number of complex issues were addressed here, including substance abuse and destructive use of the Internet. A variety of approaches were discussed and utilized, including a focus on social skill training, and a combination of supportive f2f treatment, online assignments, and education.

--Case #9 Dynamics and limit-setting on a message-board community

Focusing on a thread of discussion which took place on an online message board, this presentation addressed the social dynamics within one online community and explored the issue of the group leader's role in defining and enforcing limits.

--Case #10 Psychotherapy in a chat room

This presentation detailed the stages of ongoing work with a depressed client refusing outside treatment, from the initial intake, to the process of becoming engaged in online treatment. A transcript reveals an almost "live" quality to the interactions, which focused on spirituality.

--Case #11 TDD for MPD

Here was a fascinating case where a precursor to e-mail, TDD, was used in the treatment of someone whose multiple personalities expressed themselves via both voice and text - which were the basis for this treatment. Challenging enough f2f, online work presented special challenges.

--Case #12 Brief marital therapy

This presentation described a situation where a couple was affected by a spouse's online romances. While this case, like Case #5, did not directly employ the Internet in the treatment itself, online life was clearly a major component in the offline treatment content.

--Case #13 Online love and offline therapy

Here a woman with chronically low self-esteem, whose marriage had become empty, found -through the anonymity of Cyberspace- someone who accepted her and grew to love her. After years of treatment f2f, she now maintains e-mail correspondence with her therapist.

--Case #14 A closed message board community

In this case, a closed community provided a safe place for an otherwise socially inhibited abuse victim to use anonymity and support as a means of utilizing "homework assignments" and modeling to develop social competencies and improved sense of self.

--Case #15 Online treatment for social phobia

Online treatment for social anxiety proved very effective in this case, employing elements of several treatment modalities, including use of cognitive exercises and use of a journal. During the course of treatment this client, once unable to converse with men, became engaged.

--Case #16 Online support and counseling

Here is the case of a woman seeking support from several sources online but resistant to engaging in what appeared to be much-needed local f2f treatment for self and family. The discussion highlighted a number of issues about the limitations of pro-bono "treatment" online.

## V. Clinical Issues

Online clinical work draws on traditional concepts and techniques, but it also requires new ones. Historically, clinicians have been inclined towards positing several "universal" features of effective therapeutic interventions, including warmth, genuineness and empathy, progress towards specific goal attainment, and use of appropriate interventions. Certainly the experiences which have been presented here and explored in detail are no exception, and if anything tend to affirm the importance of such "traditional" concepts and principles. However, as opposed to f2f therapies, a plethora of new factors are introduced by virtue of the processes involved in communicating electronically from one individual to another-or to a group of individuals simultaneously- relying on the Internet, computer monitors, and written language skills rather than on one's eyes and ears and oral language. While clear advantages and opportunities arise, such as the ability to "time shift" through the use of asynchronous communication or to "location

shift" by use of synchronous chat, obvious difficulties can also come into play beginning with such basic issues as knowing the identity of who one is speaking with, and their age, emotional state, and gender, for starts. These issues, as important as they are, have by necessity been mentioned only briefly here, to allow for a discussion of the many clinical (as well as technological) issues associated with the online cases which are the focus of this paper.

As noted earlier, it has been posited that online treatment approaches tend to mirror traditional f2f therapies in many key regards. Aside from the more "universal" aspects which most therapists can agree are essential in any therapeutic endeavor, it is also clear that clinicians come into the treatment arena with varying frameworks and backgrounds, which often become reflected in how one conceptualizes the process of the treatment. Thus, some of this group, whose training (and even nationality) is quite diverse, have focused on aspects of the therapeutic relationship using differing conceptual prisms. Some were inclined to look at the cognitive underpinnings of narrative reports, others were focused on aspects of providing a "holding environment" or facilitating a safe haven for self-expression, while still others demonstrated intuitive and/or pragmatic approaches drawing on any number of theoretical orientations. One of the advantages of the collective knowledge and experience base assembled together in this group was the opportunity to be exposed to, or re-acquainted with, a number of theoretical frameworks, ranging from cognitive-behavioral, through object-relations (e.g., Winnicott), through group-process (e.g., Bion, Yalom), through traditional psychoanalytic and interpersonal theories and back full circle to emerging theories of online behavior and relationships.

The specific cases described above included both the type of presenting problems which are typically seen in traditional office practice, and some uniquely fin-de-siecle issues which could hardly have been envisioned by the forefathers of psychotherapy.

Some of the most compelling and persistent issues which arose across many of the online cases presented by the case study group included:

Disadvantages of absent f2f cues - Ranging from facial expression to confirming someone's real-time focus on the communication, knowledge of appearance, emotional state, sobriety, and even true identity, these were all important data which were not explicitly available. Often this was seen as a distinct disadvantage from the provider's point of view, and in at least one case presented by the group, a client used anonymity to act out inappropriately towards others in ways which might not have been seen otherwise. In this case discussion ensued about both the potential and dangers inherent in doing social skill training using chat rooms.

Advantages of absent f2f cues - Sometimes the ability to maintain anonymity empowers clients to "be themselves", facilitating their commitment to engage in treatment. The issue of shame relating to appearance or verbal presentation was in fact a recurring theme. Several clients related poor self-concept and shame-based interpersonal difficulties in their daily lives, and described a sense of exaltation in feeling free to be spontaneous online, and being appreciated for their "real" self, both in treatment and in meeting people socially online.

Understanding the intricacies of online behavior and relationships - Clinicians sought to utilize cues such as writing style, content, and time delay, to understand the depth of communication with both the counselor/therapist and with reported online and offline "significant others". In online group environments, additional factors emerged, such as the tendency of some group members towards "lurking", taking only a passive/voyeuristic stance rather than an active role in contributing to the group process, or in some instances engaging in passive aggression or behaviors which monopolized the energies of the group. On the other side of the screen, there were reportedly instances of jealousy, anger, and alienation which arose among family members in reaction to clients' time spent connected to others online.

The diversity of issues regarding the Internet and psychotherapy - From concrete goals such as career decision-making, to a "problem-solving" approach towards generalized interpersonal anxiety, to emotional support during periods of disequilibrium or crisis, it was clear that our 16 clinicians were presented with a wide variety of presenting problems from among a diverse population in which the single common denominator was involvement with the internet. As diverse as the cases were, some members of the case study group felt there were yet more issues to explore.

As difficult as it to generalize about "psychotherapy" in a therapist's office, clearly it is infinitely more problematic to make conclusive statements about the process or outcome of general classes of online treatment. However, for those of us who engaged in thoughtful exploration of these cases, it was clear that many positive outcomes were and are being achieved, including in some cases client-reported symptom reduction, improved range of social functioning (online and off), motivated participation in both f2f and electronic treatment approaches (sometimes in the course of the same integrated treatment), and in some cases with less dramatic outcomes (so far), more subtle benefits may have been gained, such as self-confidence, self-knowledge, practical advice with regard to career or online behavior, or the receipt of a strong recommendation to pursue local treatment where in fact that was felt to be important. And most importantly, perhaps, those of us who participated in this combination of peer-supervision and clinical case conference group, learned more about what we need to continue exploring. We only know the tip of the iceberg, and the emergence of an Internet society will surely bring about ever-increasing demands to develop a society of mental health services in response.

Through activities such as this - and with the support of professional interdisciplinary organizations such as ISMHO - clinicians will continue to move beyond purely theoretical speculations into understanding and developing the strategies which prove most effective in online counseling and psychotherapy. The cases presented here suggest not only that the roles and intervention strategies of online clinicians will draw from traditional theories and techniques, but also that they will evolve into new and innovative forms that are very different than the familiar f2f approaches. In the future, the case study group will continue to explore this new territory with the aim of developing a practical conceptual model to guide our understanding of how and for whom the various forms of online interventions can be applied most effectively.

\* The members of The Millennium Group included Azy Barak, Peter Chechele, Tom Crain, Michael Fenichel, Betsy Frier Walker, Robert Hsiung, Jim Jarvis, Gayla Novitsky, Pamela Rudat, Gary Stofle, John Suler, and Willadene Walker-Schmucker.

Statistics on the Case Study Group

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## Hypotheses about Online Psychotherapy and Clinical Work

The Online Clinical Case Study Group of the International Society for Mental Health Online is devoted to in-depth discussions of clinical work that involves the internet. The case studies include psychotherapy conducted exclusively via the internet (e.g., e-mail, chat), f2f therapy in which the internet is used for supplemental contact with the client, f2f therapy in which the client's activity in cyberspace is an important feature of the treatment, and interventions within online groups devoted to mental health issues. Listed below is an outline of the working hypotheses of the group. As the group continues to explore cases, this list will be revised and expanded according to the clinical data uncovered by these case studies.

### 1. The client's experience of text communication

- 1.1. The psychological meaning clients associate with "writing" will affect how they experience text communication with the therapist. Clients with conflicts about writing may prefer chat over e-mail.
- 1.2. The client's act of writing may in itself be therapeutic by fostering self-expression, self-reflection, and cognitive restructuring.
- 1.3 Clients with a history of chaotic relationships may experience text communication with the therapist as predictable and safe.
- 1.4 Clients who have been physically traumatized may be attracted to the silence and non-tactile quality of text communication.
- 1.5. Text communication may be helpful for clients who experience talking as a conflicted way to express themselves.
- 1.6. Some clients may experience text communication as a type of "merging" with the psyche of the therapist. Issues about separation and individuation may be important.
- 1.7. The therapist's e-mail can be a steady, supportive, reality-testing, ego-building voice "inside" the client's head - a benign internalization or introject.
- 1.8. Text communications (e.g., e-mail) can be a steady, ongoing effort to restructure a client's cognitions.
- 1.9. By using several sections of quoted text within a single message, multiple layers of dialogue can simultaneously address multiple therapeutic issues and multiple layers of the client's personality.

### 2. Effects of absent f2f cues

- 2.1. Lacking f2f cues, text communication can be ambiguous and an easy target for misunderstanding and projection.
- 2.2. Lacking f2f cues, text communication disinhibits clients, encouraging them to be more open and honest than usual, or encouraging them to act out.
- 2.3. A client's ambivalence about intimacy may be expressed and can be therapeutically addressed in text communication, which is a paradoxical blend of allowing people to be honest and feel close, while also maintaining their distance.
- 2.4. People struggling with issues about shame or guilt may be drawn to text-based therapy in which they cannot be "seen."

### 3. Effects of saved messages

- 3.1. Saved messages can be accurate data for reviewing the process of the therapy. They provide continuity and the opportunity for assessing and assimilating change.
- 3.2. Quoted text may be cited as "proof" of something someone previously said, but quoted text can be taken out of context and juxtaposed with other quoted text as a way to distort its meaning.
- 3.3. Saving text dialogues with a client can help therapists reduce errors in recall, some of which might be due to countertransference distortions.
- 3.4. Saved text read at different points in time will be interpreted differently based on changes in the client's or therapist's state of mind.

### 4. Asynchronous communication (e.g., e-mail, message boards)

- 4.1. The ability to delay responding in e-mail and message boards is useful in enhancing impulse control, self-reflection, and cognitive assimilation.

4.2. A client's issues about boundaries (separation, individuation) may be expressed and therapeutically addressed in asynchronous text communication which provides easy access to the therapist and is not restricted to the limits of a time-specific "session."

4.3. 4.3. Some clients may experience the opportunity to send e-mail to the therapist as a kind of "holding environment." That contact can help clients with needs for object constancy (even if the therapist does not reply to the e-mail).

4.4. The therapist can use email to be present "in vivo" with the client as a way to monitor and guide the client's attempts to understand and modify their behavior.

5. Synchronous communication (e.g., chat, instant messaging)

5.1. Some clients may benefit from the spontaneity and specific temporal boundary that is involved in chat sessions.

5.2. Chat sessions create a point-by-point connectedness that enhances feelings of intimacy, presence, and "arriving together" at insights.

6. The client's expression of identity

6.1. The client's writing style and message format reflects his/her personality. Changes in style and format reflect changes in mood and thinking.

6.2. Some clients express their "true self" online, or believe they do.

6.3. On the internet, the ability to alter and compartmentalize aspects of one's identity involves dissociation, which can be detrimental or therapeutic.

6.4. The online name/s and identities that people choose for themselves reflects their personality dynamics and is a worthy topic for discussion in psychotherapy.

6.5. Imaginative environments on the internet can be used to do dream work or to therapeutically explore the client's personal fantasies.

6.6. Because the internet is international, the clinician needs to be sensitive to multicultural issues and may need to clarify, from the start, the cultural background of the client.

7. The client's lifestyle in cyberspace

7.1. A client's behavior, identity, and lifestyle in cyberspace (especially romantic relationships) may express hidden psychological issues. Transference reactions in those online relationships may be prominent.

7.2. With the therapist's help, clients can use online relationships and communities as a way to explore their interpersonal style and experiment with and rehearse new behaviors. What is learned online can be carried into offline living.

7.3. Role playing in online communities and relationships - including gender switching - can be a therapeutic way to explore and experiment with identity.

7.4. Online relationships can be used to systematically desensitize social anxieties and build social skills.

7.5. Socially anxious people may especially benefit from talking online with other socially anxious people. Meeting in-person may be an important developmental step for them.

7.6. Clients can express and explore themselves by sharing what they do online. A client's online "space" (especially a personal web site) is an extension of the client's psyche. It is an important therapeutic event when the clinician or client visits the other's online spaces.

7.7. Clients may experience text from their online relationships as actually being "pieces" of those relationships.

7.8. Elements of clients' cyberaffairs (especially fantasy elements) may reveal the problematic aspects of their marriages. Online cyberaffairs may sometimes enhance a marriage.

7.9. Behavior in cyberspace involves a simultaneous acting and observing of one's actions. This may be intrapsychically significant to some clients.

7.10. The therapist should encourage and work with the client's empowering access to online information and transformative experiences.

7.11. Clients may have easy access to numerous online resources and mental health workers. The clinician needs to assess and work effectively with a client's online help-seeking behavior.

7.12. As a way to avoid termination, online relationships and groups may tend to "fizzle out" by people gradually sending fewer and fewer messages.

7.13. Clients with schizoid tendencies may be attracted to the private "worlds" that can be created on the internet.

## 8. The relationships between in-person and online therapy

8.1. Online therapeutic interventions can be used as a stepping stone to f2f therapy.

8.2. Combining f2f contact with online contact of various types offers the client the ability to therapeutically explore and integrate different cognitive styles and modes of communication. Different channels of communication may work best for different people.

8.3. Online support groups can be a valuable adjunct to psychotherapy.

8.4. Some important aspects of a client may be obvious in-person but almost invisible online.

8.5. Consistently, patiently, and empathically encouraging a client to seek f2f therapy can itself be a form of online therapy.

## 9. Couples and family work

9.1. Some couples or family members may be able to communicate more effectively via e-mail or chat than in-person.

9.2. Using e-mail, a couples therapist can become an in vivo presence and catalyst for change.

9.3. Elements of clients' cyberaffairs (especially fantasy components) may reveal the problematic aspects of their marriages. Online cyberaffairs may sometimes enhance a marriage.

## 10. Working with online groups

10.1. Online groups devoted to information and support regarding mental health issues benefit from having rules about appropriate behavior, effective tools to enforce the rules (e.g., the ability to block people from joining the group), and a knowledgeable and confident leader who has appropriate technical control over the environment.

10.2. The objectives of the clinician managing an online group and of the business that owns that environment may not always be compatible.

10.3. The cohesion of many online groups is intrinsically weak due to the traditional cybercultural assumption that one can join or leave, respond or not respond, as one wishes. This effect may persist even in small and/or closed support and therapy groups.

10.4. People who "lurk" in a small online group can become a target of projection that might disrupt the group. People not even knowing if the person is consciously present disrupts the boundary of the group and creates distrust.

10.5. In small online groups, non-responding (lurking) tends to snowball. When people don't receive a reply, they tend not to post another message.

10.6. In an online group a person may use "multi-tasking" to carry on several relationships simultaneously - a process that may be dissociative and counterproductive, or integrative and therapeutic.

10.7. People with dissociative tendencies may act out in online groups by assuming different identities - some of them antagonistic, some not. A person may use different identities for the purpose of "splitting" relationships with others.

## 11. The therapist's issues

11.1. Some clinicians (and clients) are more sensitive in detecting the meaning and mood expressed "between the lines" of text communication. There is a type of empathy unique to online work.

11.2. Because text communication is less efficient than speaking, clinicians may be tempted to move faster by giving advice or "solving problems."

11.3. If clinicians are active in a variety of online groups and sites, clients may have easy access to information about them and may coexist with them in these spaces. Traditional ideas about "therapy boundaries" may need to be reexplored.

11.4. The equalization of status that tends to occur online may result in a decreased perception of clinicians as "authorities." The clinician may be seen more as a consultant who provides information and guidance in the design of a transformative program. "Twinning" relationships between the client and therapist may be important.

For other articles about psychotherapy in cyberspace, see the introduction and table of contents for the section of *The Psychology of Cyberspace* entitled "Psychotherapy and Clinical Work in Cyberspace."