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September 1, 2001



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Dear Reader,

Online Therapy: Better Than Being There. If you are a licensed mental health professional you may be eligible to obtain one (1) contact hour for continuing education credit for reading this article. This is considered a home study program and only requires that you complete a brief test on the material in the article and complete a program evaluation. The cost is \$20. You can, of course, simply read the article for free.

The article originally appeared in the journal *The Psychotherapy Networker* in March 2001. It references current state of the art techniques in connecting with clients and some of the surprising discoveries that have emerged with new technologies. A special note; the layout of the article in the magazine included some additional inserted stories, so the page numbering is not sequential, **but the whole article is there.**

If you find this article helpful and would like more in-depth study you might consider our other technology related offerings, including *Terminal Consent: Clinical Practice in the Information Age* (10 credit hours), *Clinical Practice and the Internet Video* (3 hours), or *Ethical Issues in Electronic Clinical Services* (1 hour).

We believe this is one of the best mediums for educating the medical field about the good, the bad, and the unknown of the revolution in healthcare technology and ethical challenges to care delivery. Our job is to make you smarter about these issues, to see the blessings and curses of new systems, and to empower the clinician to ask the right questions when he/she is invited to participate in these new ventures.

Thanks again for your participation.

Michael Freeny, LCSW

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Board of Clinical Social Work, Marriage and Family Therapy, & Mental Health Counseling Provider Number BAP 318
Exp 03/03

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Program Goals

By successfully completing this course the participant will be able to

- ◆ List different mediums of online therapy.
- ◆ Describe advantages and disadvantages to online therapeutic communication
- ◆ Describe the effect of anonymity on the therapeutic relationship.
- ◆ List ways to make online therapy safe and secure.

To complete the course and receive credit you can download, view or print out the article in Adobe Acrobat Reader (available free at www.adobe.com/products/acrobat/readstep2.html) complete the test, the evaluation, and the order form and return all the materials to the address below. If you have any questions you can contact us at 407-884-6553 or our email at mfreeny@terminalconsent.com. For more CE offerings visit our site at www.terminalconsent.com

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by
MICHAEL FREENY

Better *than* Being There

LINDA WAS AN ACCOMPLISHED businesswoman. Confident and cheerful, she radiated energy and good feeling. But she had come to me seeking help for her troubled marriage. Her husband loved her, she told me. He was attentive, affectionate and made few demands upon her. But he was a bit obsessive about control of their finances. ■ “What about you,” I asked her. “What part of your life as a couple do you control?” ■ Almost imperceptibly her smile faded a bit. The hint of a tear glistened in her left eye, but in a moment it was gone as Linda wrapped herself in the security of her professional persona. But I wouldn’t let it go. ■ “I thought I just saw a glimmer of pain cross your face,” I said gently. ■ She sucked

ILLUSTRATIONS BY JOSE ORTEGA

CE ORDER FORM

To complete the course mail the answer sheet, evaluation, and payment information to

Michael Freeny Associates
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Name _____ Lic _____

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Continuing Education Evaluation Form

Title of Program: **Online Therapy : Better Than Being There.**

Author: Michael Freeny

CE Credit Hours: 1

Using the scale indicated below, please place the appropriate number after each statement to indicate the degree to which you agree or disagree to the statement.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Strongly Disagree _____ Strongly Agree _____

Content/Format/Learning

- 1. The program description was accurate _____
- 2. I acquired new knowledge or skills _____
- 3. The amount of material presented was appropriate to the allotted credit _____
- 4. The course content matched the stated learning objectives _____
- 5. Materials current and useful _____

Instruction

- 6. The materials were understandable _____
- 7. The material was well organized _____
- 8. The concepts were clearly explained _____
- 9. The teaching style was appropriate for the content _____

Overall Rating

- 10. I expect this experience will be useful in my professional activities _____
- 11. The experience was enjoyable _____
- 12. I would recommend this program to a colleague/associate _____

Logistics

- 13. This format is conducive to learning _____
- 14. Registration was smooth and efficient _____
- 15. Staff were responsive and helpful _____

Total time (including test) to complete this course. _____

Additional Comments and Suggestions for Future Programs:

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Online Therapy: Better Than Being There

Online Therapy: Better Than Being There - Home Study Exam.

Signature and License # _____

My signature attests that I am the individual who completed the course.

Please circle the letter of your answer.

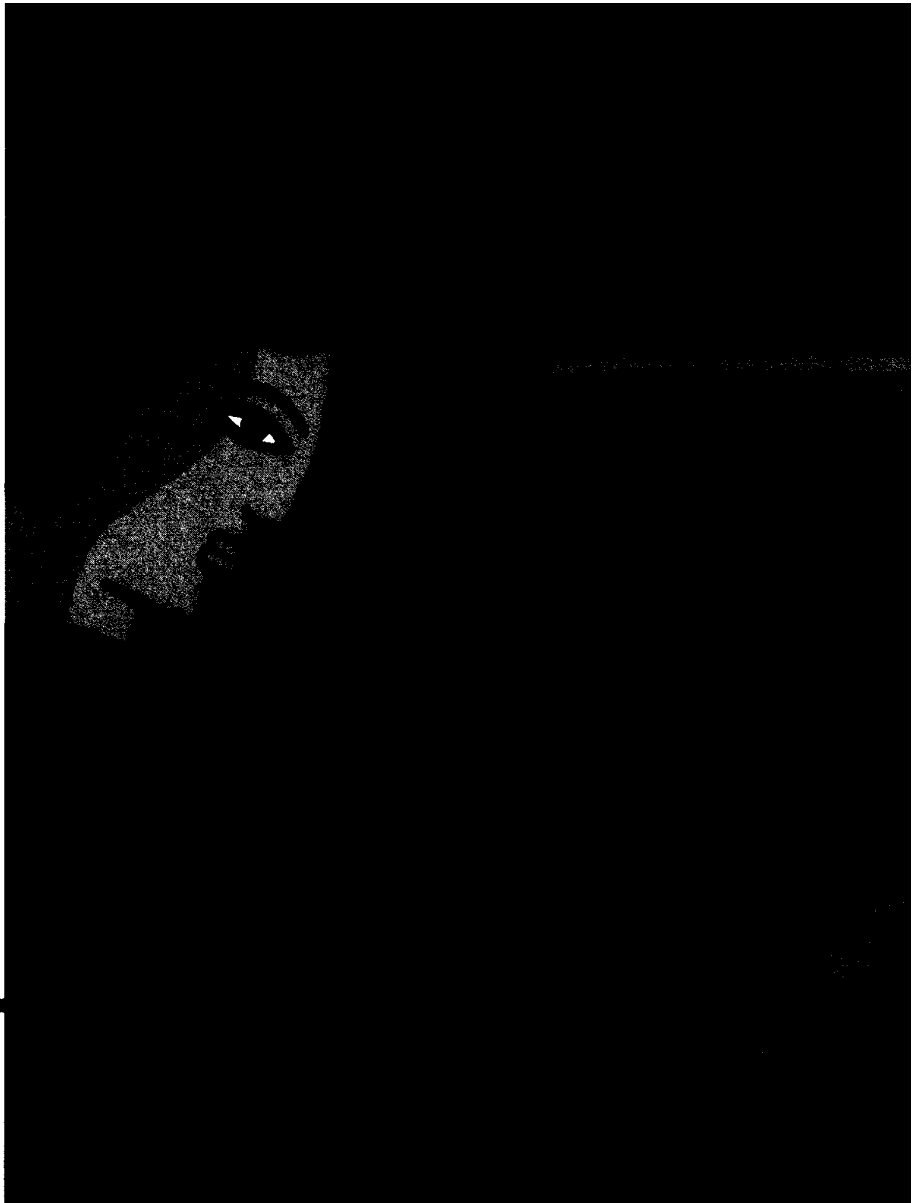
1. According to Behavioral Healthcare Tomorrow, what percentage of health-related internet searches pertained to mental health?
A. 20% B. 30% C. 40% D. 50%
2. According to the author, a safe way to protect client privacy when using e-mail is to
A. ensure the e-mail destination is correct. B. only use commercial e-mail accounts.
C. create an anonymous e-mail identity. D. develop code words for clinical issues.
3. The absence of the visual cues in online therapy creates a _____ effect that can facilitate therapy.
A. disinhibiting B. detached C. schizoid D. attachment
4. The vignette of Helen234 illustrates how online therapy can
A. be inadequate to the task of helping. B. attract clients who would not seek traditional therapy.
C. give a false sense of therapeutic help. D. only be a psychoeducational tool.
5. The story of Martha Ainsworth illustrated how she needed _____ to disclose intimate details of her life.
A. encouragement B. empathy C. anonymity D. a relationship
6. The vignette of Tallredhead_88 illustrated all of the following EXCEPT
A. a crisis can develop from seemingly innocent inquires
B. internet crisis therapy is as safe as traditional therapy
C. it's best to get at least a zip code so you can find resources
D. the internet can provide many crisis resources.
7. Thomas Nagy feels there is a _____ risk of the mis-diagnosis of a client through online
A. real B. slight C. minimal
8. Of all the forms of technological communication the one considered the best is
A. chat B. e-mail C. telephone D. streaming video.
9. Where does the author suggest the busy clinician find the technical, clinical, and ethical information to practice on the internet.
A. computer classes B. professional seminars. C. technical books. D. the internet

in a breath, trying to maintain her composure, but this time the tears flowed freely. "I no longer control anything in my life," she wailed.

Exchanges such as this one are commonplace in a therapist's career. But my exchange with Linda was unusual because we were 2,000 miles apart when it occurred. Our session transpired in an audio/visual teleconference over the Internet. It was made possible by advanced communications technologies—streaming audio and high-resolution video—yet it felt as intimate as if we were sitting in my office, our chairs five feet apart.

All the verbal and nonverbal cues were available to me: the tone of her voice, her posture and facial expressions, even the deepening pink of her cheeks as she flushed. And her experience of my presence had the same immediacy for her. I could lean forward in my chair to offer a sympathetic smile and a nod of support, while gauging her reaction.

I've been doing online counseling for two years now. I find it to be a remarkable and revolutionary process, as do hundreds of other clinicians whose



Clients appreciate
the **privacy,**

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session that e-therapy provides.

exploration of new technologies has led to the foundation of the International Society for Mental Health Online.

To date, more than 60,000 mental health sessions have been conducted through "tele-medicine," the linking of patient and therapist through computers and television. Estimates of the number of online therapy sessions through e-mail, private chats and Web-based teleconferencing range from 5,000 to more than 25,000 per day. However, because of the rapid growth in this emerging arena of practice, reli-

able numbers are impossible to come by right now.

Consumers are driving this accelerating trend. Within the last 12 months, Internet users have conducted more than 40 million searches to obtain health or medical information. And according to the journal *Behavioral Healthcare Tomorrow*, 40 percent of all

health-related searches pertained to mental health.

As is usual on the Internet, a huge bounty of information is available. A search for the term "mental health" using the AltaVista search engine produced more than 900,000 hits, and the sites listed ranged from the "National Institute of Mental Health" to the

"Journal of Psychiatric and Mental Health Nursing" to "Questioning the Mental Health Expert's Custody Report."

Finding online counseling has become as simple as entering those two words into an Internet search engine. Google.com served up more than 8,800 hits on the term. By the time you read this, the number will likely have grown to 10,000. Corporate- and university-backed online therapy sites are growing in number and clients daily. Helphorizons.com and here2listen.com are joined by e-therapy.com, 4therapy.com, netpsychology.com, counselingweb.com, healthyplace.com, familytherapynet.com and so on as thousands of practitioners from the entire spectrum of disciplines and theoretical orientations move to take advantage of the new technology.

Streaming audio and high-resolution video, the tools that made Linda and I feel as though we were sitting in the same room, are not yet widely used to deliver mental health counseling at this stage. According to John Grohol, founder of Psychcentral.com and the chief operating officer of a new Web-

counseling service called helphorizons.com, about 90 percent of online therapy is "text-based." Text-based technologies include e-mail, online chats, instant messaging, multi-subscriber "list serves" and bulletin boards. Some of therapeutic exchanges are "synchronous"—as in a telephone conversation, response is immediate. Others are "asynchronous" and a response is delayed.

Psychotherapy by e-mail? To the common therapist this might seem an almost ridiculous notion. What sort of relationship could one establish with mere text? It would certainly be superficial, distant or even inhuman. How can one do therapy without a face or a voice? How could there be anything approximating a relationship?

Critics of online therapy—who include just about every therapist who doesn't practice online—note that the anonymity and loss of visual cues of e-mail would severely hinder treatment, reducing it to merely an information

exchange or advice-giving. Yet, my experience with a variety of online therapies has been surprisingly positive.

Taking the Plunge

As with most online therapists, the Internet slowly entered into my practice during the last few years. Although I'm a licensed and practicing psychotherapist, computers have always been a part of my life—initially as a hobby, then as an avocation, now as a specialty. I've always enjoyed working with things that "think," be it with gray matter or silicon. So as computers became more powerful, more available and more useful, I've increasingly integrated them into my clinical practice. I've also watched my children as they've grown up with computers, integrating technology into their social lives and learning the good, the bad and the ugly on the Web.

Initially, I used the Internet to look up clinical resources, answer questions about new medications, read journals online and periodically negotiate appointments with clients through e-mail. I then began doing professional "chats" about mental health issues for

Yahoo.com and the Fox Health Network. People began sending me personal e-mail questions about mental health issues. I began to charge for the more extended answers. I called it "coaching" to avoid the legal entanglements of the legally restricted term "psychotherapy." My coaching clients seemed to like it. Increasingly, my traditional clients began using e-mail for check-ins between sessions. The Internet served primarily as a supplement to therapy.

In 1998, my arm's-length relationship to technology in therapy changed dramatically for me when a past client fell into crisis. Grace had been sober and successful for seven years. She relapsed to alcohol after a late-term miscarriage of twins, her third failed pregnancy. Grace entered my office awash in grief and pain, wailing at God for his cruelty and doubting that she could live another day.

Unfortunately, I was scheduled to depart for a two-week trip to Great

Britain the following week. Who would support her in my absence? I asked if she would consider working with a colleague while I was away, but she was adamant that I knew her best and she didn't care a hoot about any other therapist. She suggested e-mail as a way to keep up a personal connection across the Atlantic. I said I wasn't sure I'd have much access in a foreign country. She was an experienced traveler and advised me in her own pained and desperate way, "You bonehead. They have cyber-café's everywhere!"

So I had my first opportunity to use e-mail as a primary support for a client in crisis. I was scared to death. What if she should become suicidal, how would I contact anyone? Oh yeah, I had her husband's e-mail. And her medicating psychiatrist's e-mail. There were telephones. I was connected.

Many clinicians are initially and rightfully skittish about posting clinical content onto the wild and woolly Web. Security and privacy issues in these new mediums must be disclosed in detail to the client. E-mail is notoriously unsafe in the way that most people use it. Messages can be misdirected

and can be easily viewed by unauthorized third parties, opening up the possibility that a client's secrets could be sent all over the Net. Therapists offering online services should be technically competent enough to coach clients in how to make sure communications are secure and private, either by encrypting all messages, setting up an anonymous e-mail account or opening an unlisted private chat accessible only through the use of a password at a portal sight.

I decided an anonymous e-mail name would be the safest way to protect Grace. We opened a temporary e-mail account for her at Yahoo.com, which meant we could communicate openly and no one who intercepted the e-mail could trace it to her. Roughontheheart26 was unidentifiable.

On the third day of my trip, sitting in a cyber-café in Oxford, I logged on and read the three messages from my client. They were short notes and reflected widely different moods. In

one, she simply recounted her visit to an AA meeting and her adherence to sobriety. In another, she anguished over the loss of her babies and how she had failed them. She wondered whether she were being punished for past sins. The third reflected her anger at the medical community for its failure. I printed the messages so I could review them later, scanning for any hidden or unconscious meaning embedded in the text. I offered her words of encouragement, which she later confessed she re-read repeatedly to tide her over until my return. These e-mail messages proved more durable than spoken words fading into air. I offered her an online chat or even a telephone

Clients appreciate the privacy, convenience and freedom from the stress of "performing" in a prescheduled one-hour session that e-mail therapy offers. They also like the added time it provides to compose thoughtful comments.

Counterintuitively, it appears that the absence of visual cues during e-mail therapy is actually disinhibiting, even if the client is known to the clinician. This may be why traditional psychoanalytic treatment sessions are not conducted face to face. As John Grohol notes, "People's sense of anonymity on the Web seems to free them and encourage more candid com-

call, but she felt that an exchange of e-mail every three or four days was enough support.

Exchanging e-mails with Grace was reminiscent of reviewing a client's journal, except it was now the only source of information. Fortunately, she was an expressive and insightful writer, capable of choosing words and phrases that precisely described her feelings and struggle. In person, Grace was witty, challenging, somewhat confrontational. In text, she was more thoughtful, deliberate and revealing.

When I got back, we resumed our face-to-face sessions as if they had never been interrupted. In fact, they hadn't been interrupted, only altered to accommodate the medium of e-mail. And text messaging remained a part of our therapeutic experience. Grace revealed that she enjoyed the sense of immediate access to me that e-mail offered, and she never abused it.

My experience with Grace coincides with Craig Childress's evaluation of e-mail in the *Journal of Medical Internet Research*: "The nature of e-mail can facilitate the client's perception of the therapist's availability, and may provide the client with a more intense psychological holding environment than is available through a traditional in-person relationship."

The Value of Anonymity

I've noted other surprising advantages to e-mail-based therapy as well.

It helps many people overcome the stigma of seeking mental health treatment." It is the absence of stigma and embarrassment that has encouraged many people who would never risk a face-to-face conversation with a psychotherapist to seek online help.

Jeff Gazely, a Phoenix, Arizona, marriage and family therapist, conducts therapy on his *Internettherapist.com* site and in his office. His first awareness of the liberating effect of anonymity in therapy came, literally, as a bolt from the blue. While running a well established but highly resistant chemical dependency group in Phoenix, a lightning storm took out the lights of the facility early in the meeting. The group agreed to continue the session in the hopes that the lights would soon return.

The darkness cloaked each member with a sense of anonymity, even though voices could easily be recognized. Gazely was surprised at the increased candor and risk-taking of the participants. Issues that had been strenuously resisted began to emerge. Disclosures became more honest and heartfelt. Deprived of their visual cues, the group members seemed to become more skilled at recognizing the nuances in the ghostly comments that circulated the room—the therapeutic process was actually enhanced by the darkness. There was even a collective groan of

It is now an old saw that the Web is revolutionizing communications and the flow of knowledge. But therapists may not be aware of how beneficial to their own therapy work the Internet can be, providing an easily accessible "library" with millions of volumes of reader-friendly information. The Web

5 Use the Int

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can also open up to clients vast sources of community support and encouragement beyond what any therapist could hope to provide—not only information sites, therapist websites and directories (for those contemplating therapy), but chat rooms, forums and bulletin boards (for people with similar problems to share experiences).

As for therapists themselves, the Web offers an abundance of mental health sites featuring practice management, useful products, professional advice, research articles, clinical advice and peer networks. I wouldn't say that you could find an answer to every clinical question, problem or issue of interest to either therapist or client on the Web, but there are clearly distinct categories of help that the Internet can provide.

1 Client Support

Outside of therapy sessions, the Web can be a sovereign remedy for feelings of isolation, irrational guilt and self-blame that some clients experience. Cassie, for example, worried that her marriage was falling apart and that it was her fault. She and her husband both worked at demanding careers that left them little time for each other or for social life, and Cassie blamed her-

www.manisses.com and www.consultnews.com, provide research news and job opportunities.

The Web can also provide help for the testing and assessment needs of credentialed therapists based on the level of their certified credentials. www.pantesting.com (Performance Assessment Network) grants providers varying degrees of access to a full range of psychological instruments online. OQ Systems (www.oqsystems.com) provides an excellent 45-question outcome assessment tool that therapists can use.

5 The Therapist's Virtual Office

For the clinician drowning in paperwork and addled by scheduling hassles, there is www.helphorizons.com, which provides help with both billing and appointment management, along with other services, via a virtual office set-up. Finally, for getting a better grasp of the many opportunities, as well as complexities and challenges, introduced to the therapy world by the Web, go to www.ismho.org (International Society for Mental Health Online), a rich and comprehensive website formed by a non-profit society in 1997 to promote the understanding and development of online communications and technology for the mental health community.

Certainly, the sites mentioned here are only the barest sampling. For a more comprehensive listing, see the 2000/2001 edition of John Grohol's *Insider's Guide to Mental Health Resources Online*, published by Guilford, or go to a search engine (www.google.com, www.yahoo.com, www.altavista.com among others) and enter "mental health," "therapy," or "online therapy."

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disappointment when the lights returned.

Research supports anecdotal evidence that seeing someone's face may be inhibiting to therapy. A study reported in *New Scientist Magazine* (newscientist.com, December 2000) by British psychologist Adam Joinson concluded that Webcams and video-phones may hinder communication rather than improve it. Joinson asked pairs of strangers to resolve a dilemma. He found that the students revealed four times as much about themselves when they typed their comments anonymously over the Internet than when talking face to face. So if our faces are veiled in some

Helen, previously socially active and gregarious, became increasingly depressed without the support of her husband. It soon became clear to her and her children that grandma couldn't live alone any longer. Her children moved her into a high-rise retirement home and even bought her a computer and Internet connection so the entire family, spread across the country, could "visit" often.

Yet, immediately upon moving in, Helen²³⁴ became very anxious in the presence of the friendly senior men. As male residents warmly greeted her, terror would grip her heart and she felt an overwhelming desire to flee. This was an odd reaction, since she had always

electronic manner that removes the common social cues of facial expression, we may open up another route of communication that yields different benefits.

The potential for anonymity may also attract patients who are unwilling to meet a therapist face to face. A recent study of 452 clients of e-mail therapy found that 68 percent had never been in psychotherapy previously, that 64 percent eventually switched to face-to-face therapy and that 92 percent found their experience online helpful. (The results are posted on www.metanoia.org/imhs/results.htm).

The Online Relationship

Clients of e-mail therapy are not people who are looking for disembodied mental health information, they're looking for a therapeutic relationship. "I've been amazed at how strong a connection clients can make with me just through typed words," says Bill Lubart, a New York psychologist who has accumulated dozens of touching stories about Internet therapy. He works with here2listen.com, one of the best organized and most prominent Web-based counseling services on the Internet. He loves the challenge of online, real-time chats with people he feels would never have risked a traditional appointment with a therapist.

He recalls a client we'll call Helen²³⁴, a 75-year old widow who had lost her husband 18 months earlier.

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had good friendships with men. Days passed, but there was no improvement from the irrational fears. In desperation she began plucking at the keyboard of the computer and gingerly surfing the Web for information about her anxiety.

This brought her to here2listen.com, where she could read about mental health resources and even join an online therapeutic chat with a licensed therapist. Chat technology is a common medium of communication on the Internet. Unlike e-mail, chatting is a real-time, interactive event. A chat can involve anywhere from two people, as in an individual therapy session, to more than 10,000 people, as in a celebrity chat. All participants watch their contributed messages scroll down the screen.

Helen had no prior experience with psychotherapy and, like millions of people, was concerned about the stigma of mental health treatment. But her experience of anonymous Web surfing gave her confidence.

After establishing a payment method

through here2listen, which can also be anonymous, Helen234 read Lubart's online profile and selected him for a consultation. He welcomed her into his chat and told her a little about his background. Helen watched the words appear on her computer screen. She also watched her own words appear on the screen as she typed, which, like therapeutic journaling or narrative work, can produce a degree of detached objectivity in evaluating the accuracy of one's own comments.

Feeling safe in her room, even as she ventured into a therapeutic world she had never entered before, Helen234 immediately took to Lubart. She explained her curious reactions. Lubart

Just as a face-to-face therapist will listen with the "third" ear, Lubart scans the text with a third eye, searching for clues to his client's problem. And like a blind therapist who becomes increasingly aware of sound cues in therapy, so an online, text-based therapist can read between the lines of a client's sentences. Lubart believes that online therapeutic chats can even elicit something akin to free association in clients.

After reviewing the more immediate psychosocial stresses in Helen's life and finding little connection, Lubart noticed the frequency of the words "fear" and "loneliness" in the client's text. He asked whether there were any events from her youth that might be rel-

ferred the anonymity of text. Helen eventually grew more comfortable in her new home and became quite socially active; she recently dropped Lubart an e-mail to introduce her new boyfriend.

This entire therapeutic intervention occurred through a typed exchange on a computer screen, with no face-to-face or even voice exchange. Yet, a therapeutic relationship was established and provided needed help. Such successes challenge our notions of just what comprises the essential elements of psychotherapy.

Thus, text-based therapies, particularly e-mail, are a different way of interacting with a client. Although the face-to-

e intervention

ered through a typed exchange.

allenge our notions of what comprises the
essentials of psychotherapy.

responded with questions about both her current life stresses and her history.

"Clients are more clear when they have to write something on the screen," says Lubart. "And the therapist has to communicate the same noncritical, nonjudgmental caring and acceptance without the facial expressions and nods of face-to-face therapy—provide nonverbal feedback and encouragement without interrupting the narrative."

To accomplish this, Lubart uses a collection of caring words and emotions, those little punctuated expressions that convey emotion in text communication, including a smile :-), a frown :(or a wink ;-). He also uses short abbreviated Net words to gently comment and convey the rapt attention that clients are seeking from a caregiver, like a simple "good 4 u." Occasionally, client and therapist might "type over" each other during a chat, but clients seem to easily accommodate to the new medium.

evant, particularly regarding fear and loneliness. Helen searched though the clouded memory of her childhood and a long-forgotten episode abruptly emerged.

She recalled walking home from school alone one day when she was around 11 years old and being accosted by a seemingly friendly older man, who suddenly exposed himself. Terrified, she ran home to safety. She also recalled feeling alone and almost helpless as the older man approached. Helen234 immediately saw the connection between that childhood event and her current fears when older men approached her at her new residence.

Helen had a total of five online chat sessions with Lubart, growing increasingly open to his suggestions about ways to put the past trauma behind her, while also practicing some social skills exercises. Lubart offered Helen the option of a telephone call, but she pre-

face elements are lost, there are some gains. To make up for the lost social cues, greater time and thought go into composing the e-mail. The contact process is more flexible and self-paced. It also eliminates the social pressure to verbally respond within the time limits of the therapy session. Prolonged silence in a traditional therapy venue would likely be interpreted as resistance, yet the e-therapy client may want to consider the therapist's comments for some time before offering an honest answer.

Text-based online therapy is uniquely suited for the needs of business travelers, as Martha Ainsworth, an Internet consultant and mental health advocate can attest. Martha, who owns the Metanoia.org site I mentioned earlier, was always on the road. Her life involved endless presentations before faceless people; her human contact consisted almost exclusively of three-hour workshop connections that were unplugged as the participants left for their families. After a painful divorce, she hungered for a stable connection, someone who would listen to her yearnings and her pain, want to hear things about her—not just her professional expertise.

Martha had been in therapy in the past, and had found it somewhat helpful, yet in each episode she quickly reached a limit about what she could comfortably disclose. "It may be a quirk or a flaw in me, but I couldn't be as

open in face-to-face therapy as in e-mail," she notes. "Besides, my grinding schedule kept me on the road. I needed a therapist who would be able to relate over the Internet."

After an exhaustive Web search in 1995, Martha stumbled upon a clinical oasis. There was no request for intimate personal data. The posted description mentioned verifiable credentials and an "ongoing helping dialogue." It sounded like exactly what she was looking for.

Martha sent an e-mail to the Mental Health Cyber-Clinic, then boarded a plane. Once in her next hotel, she threw her bags on the bed and plugged in her laptop. Her cyber-therapist had responded. So began a five-year dialogue of daily e-mail exchanges, paid for in advance by anonymous money order. To protect her privacy, Martha has declined to name her online therapist.

Martha says she was far more open in e-mail therapy than in her previous face-to-face experience. She put greater thought into her communications, reflecting about her inner life and choosing precise words to explain it. Even after pressing the "send" key she'd

Martha finally ended up seeing another therapist face-to-face who encouraged her to continue seeking emotional support from her e-therapist. Martha tried some e-therapy with the new fellow, but his warmth and compassion, evident face-to-face, weren't evident in his writings. So she uses her e-therapist to gain the courage to broach difficult topics, then brings them to her traditional therapist. It's a system that's been working well for her.

In hindsight, Martha notes of e-therapy, "For me, the technology, and even the composition of my messages, became transparent. I was pretty much focused on the relationship and didn't pull back to pay attention to the medium all that much."

Risks and Cautions

Obviously, online therapy has many advantages, but as I've learned in my practice, it also presents a number of therapeutic and ethical concerns, especially with clients in crisis.

Not long ago, I had just completed a regularly scheduled Love and Sex chat at Yahoo.com, where up to 6,000 people log into a chat room to ask ques-

Tallredhead_88 was surprisingly successful at this. While we chatted she visited three or four websites from the "history" and stumbled upon a rich stash of porno, including naked pictures of her that were shared at The Porno Club. At the sight of her publicly displayed nudity, she was dumbfounded and thrown into an overwhelming crisis of betrayal. All communication from her ended abruptly, even as I pleaded for her to stay with me.

Fortunately, I, too, had the Internet at my fingertips and quickly called up a number of resources local to her: therapists, rape-crisis centers, emergency rooms. Finally, a new message from Tallredhead_88 appeared on my screen acknowledging receipt of the resources. Fortunately, I asked and she agreed to give me her telephone number so that I could speak directly to her in that superior medium for immediate crisis intervention. This event really underscored for me the dilemma between honoring the client's desire for anonymity and my clinical need to be able to respond should a crisis develop.

Online therapy has other potential drawbacks. Thomas Nagy of Stanford

review the words and consider new angles. She often went back to review the exchanges with her therapist; her computer archived everything, which provided a chronology of her growth.

Her therapist encouraged her to have at least an initial telephone conversation with him, but Martha resisted for fear that to hear his real voice might again silence her own. There were also the transference issues, heightened by the lack of sound or vision of this therapist. Was he really kind and caring? Would he appear judgmental face-to-face? Would his magic evaporate if she were disappointed in his appearance?

Eventually Martha had the telephone conversation, and seven months later saw her e-therapist in his office. She notes, "He was as warm and caring as ever, yet it felt different to be in his presence. In fact, there were, once again things I couldn't disclose." She had to wait until she was back at her laptop, feeling protected from visual scrutiny, before she could disclose her deeper truths.

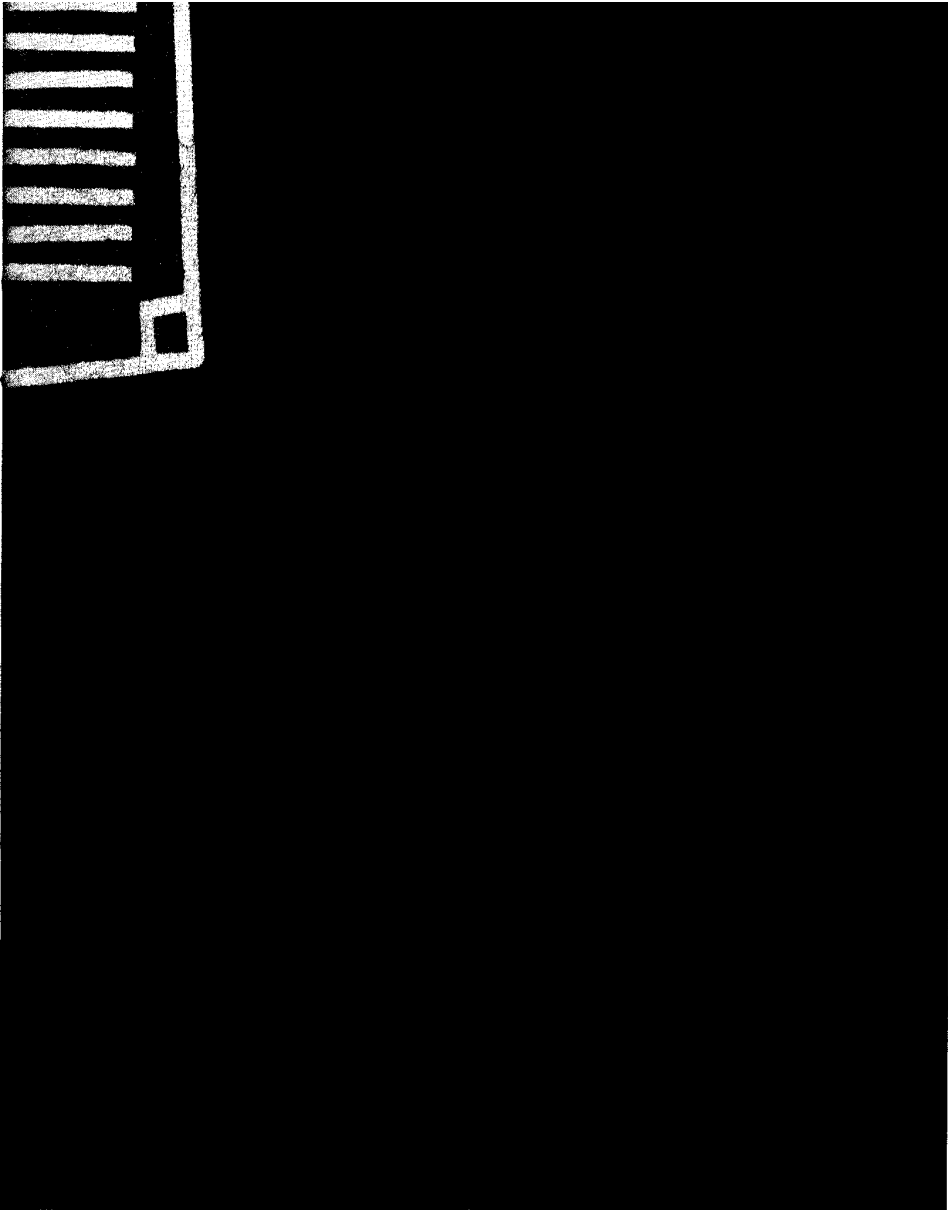
tions about love, sex and intimacy. Soon after the chat, I received a simple query from a woman who wondered whether her husband was an Internet pornography addict. Tallredhead_88 was suspicious of her husband's computer use late at night behind locked doors.

Using simple point and click menus, I set up a secure private chat through Yahoo in a minute, expecting to chat with the client for about three to five minutes. I began by asking for her zip code in the event that I needed to pull up some resources, which I feel has become an essential online precaution in the event that a session becomes a crisis, as this vignette will illustrate. The zip code placed her near Lincoln, Nebraska. I then sent a message with embedded links to articles and questionnaires on the topic of her concern. I also noted that some of the websites instruct how she could check her computer's Web browser's "history" folder and return to recently visited sites, following a cyber-trail back to the source.

Medical School notes in a *Philadelphia Inquirer* article, "The real risk here is that someone might be misdiagnosed by a therapist who does online stuff. The depths of the depression or suicidality might be missed; whereas you would catch it in the office or on a phone call, you miss it online."

Indeed, some patients probably should not be treated online. Jeff Gazely says he would not be comfortable using e-mail therapy to deal with a serious crisis, a psychotic client or even someone needing a deep emotional experience. "In my opinion, e-mail is better for counseling about life transitions or psychoeducational approaches, than for the deeper emotional experience of psychotherapy."

Yet, despite some therapists' reservations, there is solid precedent for providing online help for suicidal clients. The 47-year-old Samaritans of England offer free, confidential emotional support to people in crisis. They have handled more than 25,000 e-mails



who thought he was communicating with a 21-year-old model from Malibu.

Going online presents more mundane issues as well. For instance, insurance companies have not recognized online counseling for reimbursement, so Internet arrangements are of the traditional fee-for-service variety. However, Medicare already reimburses for some forms of electronic tele-medicine, although not for psychotherapy as yet. Employee Assistance Programs and HMOs are just beginning to expand into these new online vehicles of therapy.

All of which raises the question of setting rates. Online sessions can vary in length from minutes to hours. Some online clinicians bill by the e-mail, some by the minute of chat, telephone or online time. Additionally, it isn't clear what kind of price the market will bear. Text-based online therapy seems a bit cheaper than traditional therapy. Many therapy chatters pay only \$40 to \$60 per hour for a licensed clinician. And that suggests another potential problem. In the worst-case scenario, managed care organizations could dispense with their provider panels and require that most therapy

Martha uses **her** e-therapist

to gain the **courage** to broach difficult topics,
Then brings them to her
traditional therapist.

from suicidal people worldwide (<http://www.samaritan.org>).

Another potential pitfall is treating a minor who is masquerading as an adult. In many states, underage clients must get the permission of parents or guardians to receive help. Florida recently passed a law making it flat-out illegal for minors to chat about sexually

related material. Yet, teens and kids are often desperate to speak about their trials and tribulations, and they are increasingly comfortable with online chatting and e-mail. They're also comfortable developing many identities. A parent recently told me that he caught his 11-year-old daughter in a cybersex chat with a reportedly 20-year-old man,

be conducted over the Internet.

Finally, a therapist who is about to venture online should realize that it requires skills that not everyone possesses. Some clinicians excel at intuiting the client's typed phrases, even with misspellings and grammatical errors. As Martha Ainsworth noted, one of her therapists was superb at conveying warmth, trust and caring through his typed words, whereas her equally warm and caring traditional therapist came across as cold and flat in online

Continued on page 70

BEING THERE, from page 39

exchanges. There needs to be a consideration not only of "fit" between client and therapist, but fit between the mediums of communication. Unfortunately, the Web-based mediums are so new there is little research to provide direction.

I believe that therapists will eventually develop safeguards and protocols that minimize the risk of online therapy for patient and provider alike. But one of the problems presented by the growth of the online advice industry may be beyond our power to change. At ifriends.com and keen.com, personal advice can be had from a lengthy list of "experts," from psychotherapists to psychics, to fortune tellers, to everyday folk. There is little to distinguish one source from another and few ways to check credentials. The same vulnerable clients who may benefit from easier access to legitimate mental health services may fall prey to charlatans.

The public, however, worries less about scam artists than about having personal problems published far and wide. A national survey released in January 1999 indicated that 20 percent of Americans already believe that their personal health information has been used inappropriately by insurers, marketers and the government. Of even greater concern, 16 percent of respondents said that they had taken some form of action to avoid the misuse of their information. This included providing inaccurate information, frequently changing physicians or avoiding care altogether. In this atmosphere of mistrust, the future of online therapy will depend on whether clients come to believe that there are sufficient safeguards to ensure that no authorized parties have access to their confidential information or can trace their Internet communications back to their computers.

Facing the Challenge

These are among the numerous questions and challenges that the medium presents to clients and therapists alike. No doubt, there will be errors, breaches of trust and tragedy as e-therapy develops, but I think the risks are worth taking, if we can provide online care to millions of people who would otherwise not have benefitted from mental health services.

Meanwhile, the numbers of those who are comfortable with online therapy continue to grow. Within six years, a new crop of Web-savvy teens will become potential adult psychotherapy clients. They will have thoroughly and comfortably adapted to the seamless video/audio, e-mail and chat presence of Internet communication. The term "there" will have little meaning, for they will know they can be anywhere instantaneously. They will be comfortable with many different forms of "presence," or what we now call "relationship," and may not be bothered that people are using pseudonyms to build a private and secure identity.

The Internet, in other words, will soon explode into modern clinical treatment, and therapists must have the courage to face up to its implications. We need to embrace the technology and provide some leadership in its appropriate use. Professional associations, like the American Psychological Association and the American Counseling Association, are still in the early stages of reconciling ethical guidelines based on the traditional face-to-

face therapeutic relationship with the questions raised by online practice. Some basic, preliminary guidelines have already been issued, but the challenge will be for our professional associations to adapt their codes of conduct to the new realities of online therapy with an eye not to preventing it, but to getting it right. In fact, given the therapeutic potential of the Internet, the day may not be far off when failure to integrate online resources into our practices will be considered a form of clinical negligence.

And how does a busy clinician find the time and material to learn about all this stuff? Perhaps by using the most powerful informational tool ever invented—the Internet. ■

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