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WEBSITE COMPLIANCE WITH ETHICAL GUIDELINES BY PSYCHOLOGISTS AND PROFESSIONAL COUNSELORS

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ABSTRACT

There is currently very little research investigating the ethical practice of e-therapy, and none that distinguishes between types of therapists in terms of their compliance with ethical codes pertaining to e-therapy. The American Psychological Association does not have ethical standards specific to the provision of e-therapy but the American Counseling Association does. The purpose of this study was to assess differences in ethical compliance for e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors. Specific ethics codes for the practice of e-therapy of the American Counseling Association were used to generate an assessment instrument, which served as the measure of ethical compliance for both groups. E-therapy websites primarily sponsored by psychologists or professional counselors were located by predetermined search terms through the Google search engine and then evaluated for compliance. A MANOVA was then conducted to analyze differences between the two groups on compliance with sections A.12.a., A.12.g., and A.12.h. of the American Counseling Association Ethics Code, as well as an aggregate total of all three. Professional counselors were found to be significantly more compliant than psychologists with section A.12.h. and the aggregate total of all sections. However, compliance rates for both groups were generally low, and implications are discussed.

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CHAPTER 1

INTRODUCTION

Internet Therapy

In the United States computers and the Internet are becoming more and more intertwined with daily life. According to the Pew Internet Research Center (2008) adult use of the Internet increased from under 50% to 73% from 2000 to 2008. As demand for Internet services in general increased, psychologists began hypothetical inquiries and initiated research as to whether their psychological services might be viably and ethically offered over the Internet (Cook & Doyle, 2002; Finn & Banach, 2000; Peterson & Beck, 2003; Richard, Werth, & Rogers, 2000).

The exact point at which the Internet began being used to provide psychological services is difficult to specify. One initial foray into the field was conducted in 1993 by Ivan Goldberg, M.D. when he started answering questions over the Internet concerning medical treatments for depression (Young, 2005). Subsequently in 1995 Dr. John Grohol started a website offering free advice on mental health (Young). This was followed in the late 1990s by the emergence of entrepreneurial online fee-based mental health practices and experimental online therapies as adjunct to already established practices (Young). Today, one can search the Internet and find many websites offering internet therapy,

often known as e-therapy, though not all the websites will be sponsored by licensed professionals.

There is debate as to whether or not e-therapy should be considered a form of psychotherapy at all (Amig, 2001; Finn & Banach, 2000; Peterson & Beck, 2003; Richard et al., 2000). In traditional psychotherapy the therapist may attend to nonverbal behaviors (Finn & Banach), intervene in crisis situations (Amig), and rely on well-researched professional standards of practice and conduct (Peterson & Beck), whereas in e-therapy a therapist may not engage in any of these actions. In light of this debate research studies have been undertaken regarding e-therapy's efficacy, practitioner satisfaction, and client satisfaction (Cohen & Kerr, 1998; Cook & Doyle, 2002; Jacobs et al., 2001). In examining the results of these research questions, several themes emerged from a meta-analysis conducted by Mallen, Vogel, Rochlen, and Day (2005). These included:

1. There is still a paucity of research in the area of outcome research. Only 27 studies were located, and of those, five were studies of asynchronous message boards, which do not fall in the generally accepted area of a direct therapist-to-client intervention.
2. Computer Mediated Communication (CMC) interventions were found in most studies to show significant differences from the control groups.
3. Most studies comparing CMC with Face-to-Face (FtF) counseling found no significant differences in terms of client satisfaction or perceived working alliance.
4. There were some indications that college women more than college men preferred

FtF. The college men who endorsed difficulty expressing emotions showed less favorable attitudes towards FtF counseling than other college men and women.

5. Clients often reported greater satisfaction with online counseling than did the therapists. This suggests that professional therapists may be more critical of the new mode of intervention than their clients.
6. Studies were often limited by sample populations (e.g., only college students or minimal participation by minorities) or exclusionary procedures (e.g., those with an Axis II diagnosis or high suicidality were not allowed to participate).

The themes from this research by Mallen, Vogel, Rochlen, and Day (2005) appear to show that though there are still many limitations and challenges within this area of research. Specific in-depth inquiries of the e-therapist's inability to witness non-verbal communications, being unable to rely on research based standards of practice, and potential lack of availability to intervene in crisis situations have yet to be fully explored. Additionally, very few studies have investigated the general effectiveness of e-therapy and those are frequently limited by sample types. However, their research also indicates that e-therapy has the potential to be a viable alternative to FtF therapy in various, though not all, circumstances. The participants in the studies they analyzed also seemed generally receptive to e-therapy treatments and often indicated a more positive experience than the therapists.

The majority of located research regarding e-therapy, however, was not oriented on its efficacy, but on the ethics of its practice. Concerning e-therapy ethics, available research (Amig, 2001; Barak & English, 2002; Griffiths & Cooper, 2003; Harvey & Carlson, 2003; Richard et al. 2000; Young, 2005) has tended to focus more on what the

ethical dilemmas of e-therapy may be than on development, compliance, and enforcement of ethical standards for the practice of e-therapy. A review of the literature has revealed that very few studies (Heinlen, Welfel, Richmond, & Rak, 2003; Laszlo, Esterman, & Zabko, l999; Maheu & Gordon, 2000) have addressed these latter concerns, and they have done so in a limited scope, reporting most of their information in terms of percentages of compliance. What they have reported has indicated relatively poor compliance with available standards and guidelines overall.

The Research Problem

There is currently no research to indicate whether professional counselors, who have a code of ethics which details specific guidelines for the practice of e-therapy, differ in operating an ethically compliant e-therapy website from psychologists, whose code of ethics does not detail specific guidelines in this area of practice.

Purpose of the Study

The purpose of this study was to assess e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors using compliance with ethical guidelines specific to the practice of e-therapy as the measure. In this study the differences in levels of compliance with the American Counseling Association (ACA) (2005) standards regarding e-therapy between psychologist sponsored websites and professional counselor sponsored websites were examined. In contrast, the American Psychological Association (APA) (2002) has no standards specifically concerning e-therapy by which to measure website compliance. This examination was to provide data to indicate whether belonging to a professional organization that has specific ethical codes regarding e-therapy contributes to ethical behaviors regarding the practice

and establishment of an e-therapy website which, for this study, was defined as higher levels of compliance with the ethical code.

The ACA Code of Ethics (2005) contains eight sections (A.12.a. – A.12.h.) that address technology applications. Only sections A.12.a. Benefits and Limitations, A.12.g. Technology and Informed Consent, and A.12.h. Sites on the World Wide Web may be evaluated solely from website content. Therefore, those were the three sections of focus because it was the design of this study that only the websites themselves be evaluated without direct contact of the website psychologists or professional counselors prior to evaluation. The five remaining subsections of section A.12. in the ACA Code of Ethics would have required either direct contact or participation as a client for proper evaluation.

Research Questions

1. Is there a difference in compliance with the aggregate of sections A.12.a., A. 12.g., and A.12.h. of the American Counselor Association Code of Ethics (2005) between e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors?

2. Is there a difference in compliance with section A.12.a. Benefits and Limitations of the American Counselor Association Code of Ethics (2005) between e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors?

3. Is there a difference in compliance with section A.12.g. Technology and Informed Consent of the American Counselor Association Code of Ethics (2005) between e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors?

4. Is there a difference in compliance with section A.12.h. Sites on the World Wide Web of the American Counselor Association Code of Ethics (2005) between e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors?

Definition of Terms

The following are operationally defined terms for the purpose of this study. They provide a common language basis for discussion of e-therapy in this study.

Asynchronous Email

Client and therapist communicate via an email provider. Messages are viewed and responded to according to each individual's schedule or preference.

Compliant

Indicates that a psychologist, professional counselor, or e-therapy website is in accord with the pertinent stipulations of relevant ethical codes specific to the practice of e-therapy. The set of codes most often referred to in this study is that of the American Counseling Association (2005).

Computer Mediated Communication (CMC)

Any communication between client and therapist that occurs through a computer over the Internet.

E-therapy

Mallen and Vogel (2005) defined e-therapy as:

> Any delivery of mental and behavioral health services, including but not limited to therapy, consultation, and psychoeducation, by a licensed practitioner to a client in a non-FtF setting through distance communication technologies such as

> the telephone, asynchronous email, synchronous chat, and videoconferencing. (p. 764).

This was the definition used in this study with the exception of telephone communication, which was considered irrelevant because of the study's focus on Internet websites. Synonyms for e-therapy include on-line counseling/therapy, Internet counseling/therapy, web counseling, and cybertherapy.

Face-to-Face Counseling/Therapy (FtF)

Traditional counseling or therapy is referred to as FtF counseling for the purpose of comparing it to computer mediated communication (Mallen & Vogel, 2005).

Professional Counselor

An individual who holds at least a Master's level degree in counseling and is licensed or under the supervision of another licensed professional counselor.

Psychologist

An individual holding a doctoral level degree within the field of psychology who is either licensed or under the supervision of a licensed psychologist.

Sponsorship

Sponsorship refers to the individual primarily in charge of the organization offering e-therapy services through the website. This person is considered to be responsible for the content of the website. Sponsorship does not refer to the party or company responsible for initiating and maintaining the technical aspects of the website, such as a company specializing in website design. If the sponsoring individual is a psychologist, then the website would be classified as a psychologist website, whereas if the sponsoring individual is a professional counselor, then the website would be

classified as a professional counselor website. This individual will be identified from the website itself.

Synchronous Chat

Client and therapist communicate online via typed responses in real time (Mallen & Vogel, 2005).

Video Conferencing

Client and therapist communicate in real time similarly to synchronous chat (Mallen & Vogel, 2005). However, there is video as well so that they may view one another. Usually there is also an audio component to the communication.

CHAPTER 2

LITERATURE REVIEW

Introduction

In this literature review several themes of ethical dilemmas e-therapists might encounter are highlighted to illustrate reasons why not having specific ethical codes could be detrimental to the therapist or client and why having them could prove helpful. The development of several sets of ethical guidelines is then briefly addressed before reviewing several studies that investigated compliance with these standards, though there has been an extreme paucity of research in this area. The connection between the APA and ACA codes of ethics is then discussed as a basis for applying the ACA standards to psychologists. Reasons for using only three sections of the pertinent ACA codes with which to evaluate websites are discussed next and then followed by a summary of the reviewed information and literature.

Ethical Dilemmas in E-Therapy

The potential disadvantages of e-therapy are numerous. Since e-therapy differs greatly in terms of a variety of factors affecting service delivery (Amig, 2001; Barak & English, 2002; Griffiths & Cooper, 2003; Harvey & Carlson, 2003; Richard et al., 2000; Young, 2005), enumerating all the potential ethical dilemmas would require re-visiting virtually the entire ethics code and body of research concerning therapy. Therefore,

themes from the literature are offered which are believed to succinctly represent general categories of ethical dilemmas pertaining to e-therapy.

Relationship Issues

Therapists are accustomed to using methods other than just dialogue content to evaluate clients and establish rapport with them. Through e-therapy, interaction components such as nonverbal cues are unavailable as a tool for the therapist (Peterson & Beck, 2003). This in turn may hinder the therapist's ability to verify the truth of what a client reports and possibly the ability to develop rapport (Richard et al., 2000). The inability to use such standard FtF therapy skills may serve to hinder the therapist's overall effectiveness.

Training

If therapists cannot rely on standard skills, then there may be a different skill set not taught which might prove more effective in an online setting (Amig, 2001). Research in this area seems quite limited. If there is a different and more appropriate skill set, it does not appear to be widely disseminated. Further, a person practicing, but not trained in, e-therapy might be deemed to be acting unethically (Amig).

Standards and Regulations

As mentioned earlier, some guidelines for practicing e-therapy exist, but they are not mandatory codes and lack enforcing consequences. As a result, even a non-trained person with appropriate disclaimers may practice e-therapy (Amig, 2001). Without enforceable codes, non-professionals may practice, and the danger of professional therapists engaging, even unintentionally, in unethical practices increases. Additionally, there is no official recourse for a client to initiate a grievance in an instance where the

alleged transgression occurred in an online setting (Amig).

Confidentiality and Record Keeping

The exact transcripts kept electronically in e-therapy reveal a potential hazard in that they may be obtained by hackers or sent to inappropriate persons simply by the error of a keystroke. Additionally, the confidential information stored on a computer may be obtained by familiar though inappropriate people who also have access to the computer (Mallen, Vogel, & Rochlen, 2005).

Development of Ethical Standards

If psychologists wish to enter this arena and do so in a professional manner then it would seem requisite that there be some standard of professional and ethical conduct related to their practice. The American Psychological Association's (2002) current ethics code references electronic communications in subsections 3.10, 4.02c, 5.01, and 5.04 concerning, respectively, informed consent, discussing the limits of confidentiality, avoidance of false and deceptive statements, and media presentations. However, the APA has established no guidelines concerning specific practices of e-therapy (Mallen, Vogel, & Rochlen, 2005).

Despite the lack of specific guidelines from the APA, there are potential guidelines from other organizations. The National Board of Certified Counselors (2001) and the International Society for Mental Health Online (2000) all have documented guidelines for online counseling. However, compliance with the guidelines is not mandatory as is the case with professional ethics codes (Heinlen, Welfel, Richmond, & Rak, 2003), though it is strongly recommended (Barnett, 2005). The American Counseling Association, however, has included provisions for practicing e-therapy within

its 2005 code of ethics, and its members are therefore required to comply with these standards.

Previous Studies

Most studies that have investigated website compliance with ethical standards included in their sample websites not sponsored by a professional licensed in psychology or counseling (Maheu & Gordon, 2000; Laszlo et al., 1999; Heinlen, Welfel, Richmond, & Rak, 2003). When studies have investigated websites offering counseling services sponsored by just professionals, they have provided only descriptive statistics (Heinlen, Welfel, Richmond, & O'Donnell, 2003). No research was located addressing potential predictors of compliance with ethical guidelines for the practice of e-therapy.

An early study of credentialing by Laszlo et al. (1999) revealed that 45% of websites offering mental health services claimed to have at least one doctoral level provider. Maheu and Gordon (2000) subsequently found that in a sample of 56 website providers 78% were licensed. Many (55%) worked with online clients who did not reside in the same state in which they were licensed to practice. Only 12% of websites in their study referred to offered services as therapy, while 38% phrased their services as counseling, and 25% used the term advice.

A study by Heinlen, Welfel, Richmond, & Rak (2003) examined 136 websites claiming to offer some form of counseling services, even if the websites were not sponsored by a psychologist or professional counselor. These sites were not identified randomly but through an online search of key words. This method was justified because it paralleled how an average individual seeking online counseling services might search for a potential site, which helped to keep external validity from being compromised.

Information regarding inclusion criteria and website descriptors was provided and the procedures used to select sites were well documented. However, replicating this study would be impossible due to the authors' not revealing which websites were visited. The search engine used was not mentioned, which might also impact search results of potential websites. Additionally, the content on the Internet evolves so rapidly that it is not likely that someone doing follow-up research would see the same search results given the same search criteria. The authors did not indicate how their process of evaluating websites would be checked, though they suggested that it would be.

The authors developed their own instrument, the WebCounseling Site Evaluation Form (WSEF), for evaluating website compliance with 1997 National Board of Certified Counselors (NBCC) standards. They suggested that even though the American Counseling Association had come out with new standards for practicing e-therapy in 1999 there had not been enough elapsed time to hold professionals accountable to those standards (Heinlen, Welfel, Richmond, & Rak, 2003). The WSEF evaluated websites based on content information about the site, technical features of the site, and compliance with NBCC standards, but no justification for these categories was reported. No information was provided regarding validity and reliability.

Descriptive statistical information concerning website characteristics and how well those websites complied with NBCC standards was provided in the forms of modes and percentages of compliance (of websites with a particular characteristic). No statistical methods to analyze the data for correlations, differences, relationships, or prediction generation were used, with one exception. A chi-square analysis was reported which indicated that there was a significant difference in compliance between those claiming a

professional counseling license and those that did not, with the professionally licensed counselors showing a higher level of compliance. However, the authors found that in both cases the overall levels of compliance were low (Heinlen, Welfel, Richmond, & Rak, 2003).

These findings were followed up by Heinlen, Welfel, Richmond, and O'Donnell (2003) in a similar study examining 44 websites claiming to have at least one licensed psychologist on staff. They developed a new instrument, the Internet Therapy Website Evaluation Form (ITWEF), to evaluate these websites according to the principles set forth in 2000 by the International Society of Mental Health Online (ISMHO). It analyzed compliance within four domains (informed consent standards, standard operating procedure, emergencies, and advertising) and provided sections to gather demographic information about websites. Heinlen, Welfel, Richmond, and Rak (2003) reported an initial interrater reliability for the ITWEF of $r = .62$ before minor changes were made to adjust for several discrepancies. No information was provided concerning validity, although the questions appeared to have high face validity.

Results of this study were reported in terms of percentages of compliance based on 20 ISMHO principles. Percentages of compliance ranged from 14% to 98%. Of particular note to the authors was that levels of compliance regarding confidentiality, service to minors, and response to emergencies was inconsistent and not higher than prior research samples by Maheu and Gordon (2000), Laszlo et al. (1999), and Heinlen, Welfel, Richmond, & Rak (2003).

The study by Heinlen, Welfel, Richmond, and O'Donnell (2003) focused on websites sponsored by psychologists and did not include websites which may have had

only professional counselors. Psychologists are professionally bound to the code of ethics established by the American Psychological Association, not the principles suggested by ISMHO, and APA currently has no codes which specifically address the practice of e-therapy (APA, 2002). However, professional counselors are bound to the code of ethics established by the American Counseling Association and the ACA does have specific codes concerning the practice of e-therapy. No research was located which addressed levels of professional counselor compliance with their own code of ethics or compared the levels of compliance between psychologists and professional counselors.

Justification for ACA Standards

The American Psychological Association may not provide specific standards for the practice of e-therapy, but four sections (3.10 Informed Consent, 4.02c Discussing the Limits of Confidentiality, 5.01 Informed Consent, and 5.04 Media Presentations) were expanded to include mandates for making provisions for telephone and electronic communications (Mallen, Vogel, & Rochlen, 2005). Additionally, standard 2.01e Boundaries of Competence requires psychologists to take reasonable steps to maintain work competence for the protection of their clients in the absence of recognized standards of preparatory training (APA, 2002). Given these standards in the APA Code of Ethics, it seems reasonable to expect psychologists engaging in e-therapy to seek out current principles or standards of practice set forth by other organizations and adhere to them. The general principles in the APA Code of Ethics and the ACA (2005) Code of Ethics appear to have significant overlap. Thus, it is assumed that psychologists can reasonably be held to the ACA standards of e-therapy ethical practice to which professional counselors should be adhering; specifically for this study, sections A.12.a. Benefits and

Limitations, A.12.g. Technology and Informed Consent, and A.12.h. Sites on the World Wide Web.

Conclusion

The practice of e-therapy is still very much a new field waiting to be explored in terms of research. The literature has indicated that there are ethical pitfalls which specific ethics codes could help therapists avoid. However, the research so far (Maheu & Gordon, 2000; Laszlo et al., 1999; Heinlen, Welfel, Richmond, & Rak, 2003; Heinlen, Welfel, Richmond, & O'Donnell, 2003) indicates that many professionals are not complying with the ethical guidelines available to them. APA does not have a specific code but, ACA does. APA members have an ethical mandate to behave competently even in the absence of specific standards. They could therefore reasonably be held accountable to the ACA standards given the similarity between APA's and ACA's general ethical principles. If these two groups can thus be evaluated on the same terms, questions can be asked as to whether the professional counselors comply at higher rates than psychologists who are not directly subject, professionally, to the ACA standards. If the professional counselors are no more compliant than the psychologists at low levels, then either the codes will have been ineffective motivators or not strenuously enough enforced.

CHAPTER 3

METHODS

Sample

Websites offering e-therapy services were identified by inputting search terms into a general web search provided by Google to conduct a search for e-therapy websites. An informal survey of eight psychologists and psychologists-in-training yielded a prioritized list of search terms (see Appendix C) that was used to conduct the search. A brief pilot exploration of how many Google hits would result from the search terms yielded a range from 54,800 to 23,800,000 depending on the search terms used. It was assumed that potential clients seeking e-therapy would be more interested in search results appearing on the first few pages. However, in order to increase the sample size for research depth the initially projected search limit was set at the 200th result. Unexpectedly, 200 results per search term did not produce an acceptable sample size. The sampling range was therefore doubled, though with diminishing returns, so that websites listed among first 400 results from each search term were explored. This method, though it did not yield a random sample, was consistent with the way potential clients seeking e-therapy would search for services and was therefore considered appropriate for this study.

Only websites that had at least one sponsoring psychologist or one professional counselor and that offered e-therapy as a sole source of service were included in this

study. The website sponsor needed to indicate having received his or her professional degree within the United States or that he or she was currently a member of the American Psychological Association or the American Counseling Association. This insured that the website sponsor would be subject to the APA or ACA ethical codes. When a website indicated having a psychologist or counselor but did not provide specific means to verify that claim, the membership of the psychologist or counselor was verified through APA or ACA. In such a case the website was included in the sample but assessed as lacking that verification. The website psychologists and counselors did not necessarily need to be licensed as long as they were operating under the supervision of another licensed psychologist or counselor.

Websites which appeared to be a consortium of both psychologists and professional counselors were classified according the sponsoring party. When a website did not indicate a sponsoring individual then it was classified as a psychologist website or a professional counselor website based on the majority of individuals offering services from a given professional type.

Websites of other professional sponsors, such as psychiatrists or social workers, and websites that offer e-therapy only as a supplement to FtF therapy were excluded from this study. Websites sponsored by other professionals were excluded because of the researcher's interest in specifically comparing psychologist and professional counselor e-therapy websites. The decision was made to exclude websites offering e-therapy only as a supplement to FtF therapy based on the assumption that if e-therapy were offered only as an adjunctive form of service then ethical guidelines pertaining to other forms of service might interfere with obtaining accurate results within the specific focus of this study.

An effort was made to have approximately half of the total sample be from psychologist websites and half from professional counselor websites in order to maximize the potential for normality of the distribution and the homogeneity of variance. Keppel (1991) indicated that having equal numbers of subjects per condition gives equal weight to each condition, which helps to minimize violating the assumptions of normality and homogeneity of variance within an analysis of variance.

This study employed a 2 x 4 multiple analysis of variance (MANOVA) using one independent variable that had two levels and four dependent variables. The independent variable was website sponsor profession, either psychologist or professional counselor. The four dependent variables were compliance with section A.12.a. of the 2005 American Counselor Association Code of Ethics, compliance with section A.12.g. of the 2005 American Counselor Association Code of Ethics, compliance with section A.12.h. of the 2005 American Counselor Association Code of Ethics, and compliance with an aggregate of all three sections.

An effort was made to obtain 160 websites. Mertler and Vannatta (2005) indicate that samples of approximately 20 per cell tend to increase robustness of univariate and multivariate normality violations. This study has eight cells from its 2 x 4 design and attempting to include 20 websites per cell yielded a total of 160. However, only 38 websites meeting the search criteria were located for this study. A similar study conducted in 2003 by Heinlen, Welfel, Richmond, and O'Donnell located 44 suitable websites. Their study focused only on websites claiming to have at least one psychologist, not professional counselors. It was assumed that more websites would be available that had only professional counselors and therefore a larger sample would be

possible, but the sample search did not support this assumption.

Informed Consent

The websites being investigated in this study were in the public domain. Therefore the proprietors and operators of these websites were not notified regarding their websites being used as sources of data for this study.

Research Design

This study used an Ex Post Facto survey design. A written rater assessment was used to identify differences between two groups: Psychologists and professional counselors. There were four dependent variables consisting of derived scores (as percentages of compliance) from sections of the E-therapy Website Evaluation Form (EWEF) pertaining to three sections of the ACA Code of Ethics and a composite of the three. These were compared with the independent variable of profession of the website's sponsor as indicated on the website. No direct interventions were used in this study nor was any manipulation of independent variables performed.

Procedures

Instrumentation

Previous research for evaluating ethically compliant websites by Heinlen, Welfel, Richmond, and Rak (2003) used the Internet Therapy Evaluation Form (ITWEF) that was generated by those authors. The ITWEF evaluated aspects of websites which overlap the ACA code of ethics but also evaluated a considerable amount of information that was extraneous for the purpose of this study. The decision was made to instead use the E-therapy Website Evaluation Form (EWEF) (see Appendix A) which was generated by this author by converting the pertinent ACA ethical codes (see Appendix B) into

questions relating to whether a website was compliant with the specific codes. When an individual code was of a composite nature covering multiple facets questions equal to the number of facets were generated from the individual code. This yielded a total of 23 questions from 16 ethical codes which were answered yes-or-no by the rater regarding whether the website offered a particular feature or piece of information. There was also a section for the rater to record information on whether the website was sponsored by a psychologist, a counselor, or both. The website's name and electronic address, as well as the date of data collection, were also recorded on the EWEF.

Collection of Data

The principle evaluator was the author. In order to reduce the possibility of single evaluator error, a second evaluator, who was a doctoral student in the ISU Counseling Psychology program, volunteered to evaluate 10 of the 38 selected websites which were selected randomly. When there was a discrepancy in the evaluations the author and volunteer collaborated to come to a consensus, which was consistent with the methodology used by Heinlen, Welfel, Richmond, and O'Donnell (2003). The evaluators initially agreed on 96% of the total questions, with discrepancies most often pertaining to technological and informed consent features of the website covered under section A.12.g. of the ACA (2005) Code of Ethics.

Data was collected from psychologist and counselor sponsored websites by an evaluator. Once a list of potential websites was generated from a Google search the evaluator clicked on the first available link on the list to visit and evaluate the website. Using the EWEF to evaluate a website took approximately 10 to 40 minutes. The evaluator then returned to the Google list, clicked on the next possible link, and repeated

the procedure. This process continued until the evaluator exhausted the potential websites from the first 400 hits given the search criteria. New search terms were then entered at google.com to resume the process. This cycle was repeated until all the search terms found in Appendix C were exhausted. In order to insure a variety of search terms were used no more than fifty percent of the total included websites were obtained from a particular search term. Once collection of data began there was a target time of two months to complete the data collection process for all the available websites.

Within the two month timeframe website sponsors not in full compliance were e-mailed a personalized form letter (see Appendix D) indicating the purpose of the study and that compliance deficits were noted with their websites. A copy of the pertinent ethics codes (see Appendix B) was attached to that email. The purpose of this notification was to informally help resolve any potential ethical violations on the part of the sponsors, as is mandated by Section 1.04 of the American Psychological Association Code of Conduct (2002).

Data Management

Data was entered into and analyzed by the Statistical Package for the Social Sciences (SPSS). This study involved determining whether websites had certain features or characteristics and, aside from the assisting volunteer, did not depend on other individuals for completion of the assessment. No demographic information was pertinent beyond the professional claim by the website's sponsor. Given these features of the study, it was assumed that missing data would not be a concern.

Questions were given a value of 0 for a "no" response and 1 for a "yes" response. The answers to questions relevant to a particular subsection of the ACA Code of Ethics

were then summed to give that website an EWEF score for that section. Each website received a summed score for all three relevant subsections of the ACA Code of Ethics as well as an overall composite score of the three summed scores, resulting in each website receiving a total of four EWEF scores to be analyzed. These four summed scores were then converted to ratios of possible compliance and entered into SPSS. For example, if a website was evaluated as being compliant on 12 of the total 23 EWEF items, then it would receive a total ratio score of .52, indicating it was 52% compliant for all items.

Data Analysis

There were three phases of the data analysis process. The first step involved testing assumptions for conducting MANOVA using SPSS. Next, descriptive statistics of the demographic information were examined. The third step was analyzing the data using a multiple analysis of variance (MANOVA). Mertler and Vannatta (2005) indicate that this type of test allows for differentiation between two groups (psychologists and professional counselors in this case) on multiple dependent variables. The independent variable for this MANOVA was professional affiliation which had two levels (psychologist and professional counselor). There were four dependent variables, which were measured compliance with ACA (2005) Ethics Codes A.12.a. Benefits and Limitations, A.12.g. Technology and Informed Consent, A.12.h. Sites on the World Wide Web, and an aggregate of all three. Follow-up univariate *F*-tests were then conducted, but no post hoc procedures were necessary due to the independent variable having only two levels.

CHAPTER 4

RESULTS

Testing Assumptions of MANOVA

Mertler and Vannatta (2005) indicate that there are four primary assumptions to be tested for MANOVA which include randomly sampled and independent observations, multivariate normality, linearity, and homogeneity of variance. There is no statistical test for the first assumption of randomly sampled independent observations as it is primarily an assumption of design (Mertler & Vannatta). Given the previously stated methods used to locate viable websites and collect data it was assumed that individual identifications and explorations of websites did not interfere with each other and therefore that the assumption of independent observations had been met for the purpose of this study.

The purpose of the methods used to identify websites for this study was to generate a sample of the e-therapy websites sponsored by psychologists or professional counselors available on the Internet in a way that was consistent with the way clients might search for them. This did not generate a truly random sample, but was concluded to be acceptable given the purpose and design of the study. It should also be noted that the method of identifying websites did not technically yield a sample, but a population parameter because all the potential e-therapy websites were located as defined by the search criteria (i.e., all psychologist or professional counselor e-therapy websites

identified by Google up to the 400th result given the stated search terms). Therefore, the data discussed is actually descriptive of the defined population rather than inferential, though it was treated as inferential under the assumption that the data would be representative of data from other psychologist and professional counselor e-therapy websites that are available on the Internet but which did not meet the search criteria of this study.

Normality

The assumption of multivariate normality entails the sampling distributions for all dependent variables being approximately normal (Mertler & Vannatta, 2005). To test for multivariate normality histograms for each dependent variable were generated using SPSS and examined for approximately normal distributions. The histograms for the dependent variables were determined to show approximate normality with the possible exception of the one for compliance with ACA Ethics Code A.12.a., which showed indications of non-normal shape due to positive skew and a limited set of possible responses, which is further discussed in the limitations section of the next chapter. Table 5 in Appendix E summarizes skewness and kurtosis statistics.

Linearity

The assumption of linearity indicates that all pairs of dependent variables have a linear relationship (Mertler & Vannatta, 2005). This is tested by subjectively examining bivariate scatterplots to see if they have an elliptical shape (Mertler & Vannatta). This assumption was considered to have been met after bivariate scatterplots were generated for all combinations of dependent variable pairs and visually examined for elliptical shape. All bivariate scatterplot pairs were found to be generally elliptical with the

exception of the scatterplot for the dependent variables of aggregate compliance and compliance with ACA Ethics Code A.12.a.

Homogeneity of Variance

Homogeneity of variance (also known as homoscedasticity) assumes that the score variability for all continuous variables will be approximately the same (Mertler & Vannatta, 2005). This assumption was evaluated using Box's M test for homogeneity of variance. The result was not significant; F (10, 6026) = 1.68, p = .080. Therefore, the assumption of equal variances was assumed to have been met.

Multivariate Analysis of Variance

A total of 38 websites were located using the specified search criteria; 20 psychologist sponsored websites and 18 counselor sponsored websites. Descriptive statistics were examined. Mean percentages of compliance with evaluated ACA Ethics Codes ranged from 15% to 78%. A summary of group and total sample means and standard deviations of compliance with specific ACA Ethics Codes is shown in Table 1.

Table 1

Descriptive Statistics of Compliance by Professional Affiliation

	Mean	Std. Deviation
Aggregate Compliance		
Psychologists	.30	.12
Counselors	.41	.14
Combined	.35	.14
A.12.a. Compliance		
Psychologists	.68	.34
Counselors	.78	.28
Combined	.73	.31
A.12.g. Compliance		
Psychologists	.15	.12
Counselors	.24	.14
Combined	.19	.13
A.12. h. Compliance		
Psychologists	.42	.13
Counselors	.60	.28
Combined	.51	.20

Note: $N = 38$

Table 2 shows the correlations among the four dependent variables (compliance types). All possible compliance type correlations were significant except between ACA

Ethics Code A.12.a. Benefits and Limitations and ACA Ethics Code A.12.g. Technology and Informed Consent.

Table 2

Correlations Among ACA Ethics Code Compliance Types

	Aggregate	A.12.a	A.12.g	A.12.h
Aggregate				
Pearson Correlation	1.000	.612	.825	.845
Sig. (2 – tailed)		.000	.000	.000
A.12.a.				
Pearson Correlation	----	1.000	.265	.497
Sig. (2 – tailed)			.108	.002
A.12.g.				
Pearson Correlation	----	----	1.000	.484
Sig. (2 – tailed)				.002
A.12.h.				
Pearson Correlation	----	----	----	1.000
Sig. (2 – tailed)				

Note: $N = 38$

The MANOVA results are displayed on Table 3. The MANOVA was significant at the .05 alpha level, Pillai's Trace = .33, F (4, 33) = 4.125, p = .008, η^2 = .333, which indicates significant differences between psychologists and professional counselors for compliance with the measured ACA Ethics Codes covering the provision of e-therapy.

Four follow-up univariate ANOVAs were conducted to examine differences in compliance by psychologists and professional counselors with each of the three pertinent ACA Ethics Codes as well as a total of all three. To reduce the possibility of Type I error, a more conservative alpha level ($\alpha = .025$) was used to interpret the ANOVA procedures. It was decided that using a Bonferroni's corrected alpha level to control for experiment-wide Type I error inflations would yield a significance level, $\alpha = .0125$ (.05 divided by the number of DV's - 4), that was excessively stringent and that would unacceptably increase the possibility of Type II error. Keppel (1991) suggests that adopting a significance level of $\alpha = .025$ addresses the need for a more stringently set alpha level while moderating the reduction of statistical power caused by more conservative alpha levels.

Table 3

Multiple Analysis of Variance Tests

Effect	Value	*F*	*Hypothesis df*	*Error df*	*p*	*η*
Prof. Affiliation						
Pillai's Trace	.333	4.125	4.000	33.000	.008	.333
Wilks' Lambda	.667	4.125	4.000	33.000	.008	.333
Hotelling's Trace	.500	4.125	4.000	33.000	.008	.333
Roy's Largest Root	.500	4.125	4.000	33.000	.008	.333

The first ANOVA conducted with professional affiliation (psychologist or professional counselor) as the independent variable and total aggregate compliance with

ACA Ethics Codes A.12.a., A.12.g., and A.12.h. as the dependent variable was significant, F (1, 36) = 6.04, p = .019, η^2 = .144. The second ANOVA, conducted with professional affiliation as the independent variable and compliance with ACA Ethics Code A.12.a., was not significant, F (1, 36) = .94, p = .338, η^2 = .03. The third ANOVA showed no significance between professional affiliation and compliance with ACA Ethics Code A.12.g., F (1, 36) = 3.95, p = .054, η^2 = .099. The fourth ANOVA revealed professional affiliation having a significant effect on compliance with ACA Ethics Code A.12.h., F (1, 36) = 9.60, p = .004, η^2 = .210. Table 4 shows result summaries from the univariate ANOVAs.

Table 4

Analysis of Variance for Professional Affiliation Between-Subjects Effects

Dependent Variable	*df*	*F*	*p*	*η*
Aggregate Compliance	1	6.044	.019	.144
A.12.a. Compliance	1	.944	.338	.026
A.12.g. Compliance	1	3.951	.054	.099
A.12.h. Compliance	1	9.595	.004	.210

Summary of Results

Twenty psychologist-sponsored e-therapy websites were compared with 18 professional counselor-sponsored websites for compliance with three sections of the ACA Code of Ethics as well as an aggregate of the three to determine if there were significant differences between psychologists and professional counselors in maintaining ethically compliant e-therapy websites. The overall MANOVA was significant and

follow-up ANOVAs were conducted. Professional counselors showed significantly greater rates of compliance than psychologists with section A.12.h. of the ACA Code of Ethics as well as with the aggregate of sections A.12.a., A.12.g., and A.12.h. No significant differences were detected between psychologists and professional counselors for compliance with sections A.12.a. and A.12g.

CHAPTER 5

DISCUSSION

Overview of Findings

The goal of this study was to investigate whether professional affiliation as either a psychologist or a professional counselor had an effect on compliance with ethical standards pertaining to the provision of e-therapy services over the Internet. To this end, compliance was examined in four domains per the stated research questions: Compliance with ACA Ethics Codes A.12.a. Benefits and Limitations; A.12.g. Technology and Informed Consent; A.12.h. Sites on the World Wide Web; and an aggregate total of all three. The multivariate statistic was significant, indicating that affiliation as a psychologist or professional counselor impacted compliance with the examined ACA Ethics Codes.

Total aggregate compliance was found to be significantly different between psychologists and professional counselors upon examination of the first follow up ANOVA with the professional counselors showing higher mean rates of compliance, 40% compared to 30% (see Table 1). This finding is important because it implies that having specific professional ethics codes, as the professional counselors do, pertaining to providing treatment over the Internet positively affects general levels of ethical behavior for therapists providing e-therapy. The ramifications of this will be discussed in the

following section dealing with result implications.

Having determined that overall ethical compliance was affected by professional affiliation, it was important to then determine which subsections of overall compliance were significantly affected by professional affiliation. The second follow up ANOVA, aligning with research question two, addressed professional affiliation differences in compliance with ACA Ethics Code A.12.a. Benefits and Limitations. It should be noted that A.12.a. also includes the stipulation that potential clients know how payment for services will be required of them. A significant difference was not found between psychologists and professional counselors regarding their providing information on method of payment and benefits and limitations of e-therapy. Additionally, Ethics Code A.12.a. showed higher mean rates of compliance than the other two Ethics Codes and the aggregate (see Table 1). These data taken together suggest that, regardless of whether there is an ethics code specifying the requirement, both psychologists and professional counselors tend to supply potential clients information pertaining to payment options and benefits and limitations of e-therapy more often than they will provide other e-therapy information indicated in ACA Ethics Codes A.12.g. and A.12.h.

The follow up ANOVA pertaining to research question three assessed for professional affiliation differences on ACA Ethics Code A.12.g. Technology and Informed Consent. No significant difference was detected, suggesting that having an ethics code specifying particulars of informed consent and technology issues does not significantly affect whether psychologists and professional counselors actually provide such information. However, unlike ACA Ethics Code A.12.a., which had the highest mean rate of combined psychologist and professional counselor compliance, 72%, ACA

Ethics Code A.12.g. had the lowest mean rate of combined compliance, 19%, indicating that both groups were similarly lacking in providing the requisite information. It should be noted that though the ANOVA did not detect a significant difference between the two groups, this was by a very small margin. More statistical power may have yielded a different result, which is discussed further in the limitations section.

The final ANOVA, which addressed research question four, examined potential differences between psychologists and professional counselors for compliance with ACA Ethics Code A.12.h. Sites on the World Wide Web. A significant difference was found between the two groups, with the professional counselors having higher mean rates of compliance than the psychologists. Of all the dependent variables, A.12.h. showed the greatest disparity in mean compliance (see Table 1) between psychologists, 42%, and professional counselors, 60%. It may be inferred from the size of this group difference disparity that, of all three Ethics Codes, compliance with A.12.h. was the most strongly affected by the presence of specific, professionally-affiliated ethics codes.

The mean percentages of compliance with evaluated ACA Ethics Codes for this study ranged from 15% to 78%. These results were, overall, consistent with the previous study by Heinlen, Welfel, Richmond, and O'Donnell (2003), whose findings (obtained in 2001) indicated rates of compliance on similarly measured items ranging from 14% to 85%. The highest rates of compliance were with disclosures as to the potential benefits or limitations of e-therapy, as was also suggested by the first follow up ANOVA of this study. However, assuming that compliance should increase with greater professional awareness of e-therapy over the passage of time since that study, it was anticipated that overall compliance rates would be higher than those obtained in 2001. Since the

percentages of compliance remained similar to 2001, rates of compliance for this study were considered lower than expected.

Implications

Professional counselors were significantly more compliant than psychologists within the aggregate of three measured ACA Ethics Codes pertaining to maintaining websites for the purpose of providing e-therapy. This may be attributable to differences between the groups that were not incorporated into the evaluation model of this study. Thus, some factor other than having specific e-therapy ethics codes may have led to the observed differences in compliance rates. One explanation is that professional counselors may receive more comprehensive ethical training than psychologists that leads to greater compliance, at least within the domain of providing e-therapy services. It may also be that the psychologists tended to be more removed from their websites and less involved in their inception and maintenance which might lead to inadvertent ethical violations. Another possibility is that psychologists may generally be more attracted to traditional FtF therapy, and those psychologists who are inclined towards CMC tend to be different in some way that contributes to poorer rates of ethical compliance.

These possibilities serve as explanations, but do not excuse responsibility. Operating on the assumption that both groups do not significantly vary in terms of intra-group characteristics and actually receive adequate, and approximate, ethical training during their academic programs, it seems reasonable to assert that professional counselors consistently achieve higher rates of mean compliance with the pertinent e-therapy ACA Ethics Codes because they in fact have a code of ethics which specifically addresses e-therapy, whereas the psychologists do not. If having specific codes of ethics pertaining to

e-therapy significantly influences ethical behavior in that domain, this raises a question of whether the American Psychological Association should amend its Code of Ethics to include standards which address that very subject.

Given the on-going debate as to the legitimacy of e-therapy (Amig, 2001; Finn & Banach, 2000; Peterson & Beck, 2003; Richard et al., 2000), it would seem as if APA has, for the interim, decided to address the issue only through standard 2.01e Boundaries of Competence, which requires psychologists to take reasonable steps to maintain work competence for the protection of their clients in the absence of recognized standards of preparatory training (APA, 2002). However, the results of this study appear to indicate that this is simply not adequate. ACA members comply with their own ethics code for providing e-therapy at significantly higher rates than do psychologists. This code is easily available to all psychologists who would want to seek out an ethical standard for the provision of e-therapy. Yet for whatever hypothesized reason, they do not seem to do so on a consistent basis, as evidenced by their poor rates of compliance.

Having a code of ethics that specifically addresses e-therapy may prompt professional counselors to be more compliant than psychologists, but the mean rates of compliance by professional counselors in this study could scarcely be deemed encouraging. Mean aggregate compliance with all 23 questions of the EWEF for professional counselors was only 40%. This indicates that the average professional counselor website surveyed scored a "yes" for compliance on only 9 of the 23 questions. Presumably, the ACA would want its members to be more than 40% ethically compliant. So, while having specific e-therapy ethics codes may elicit significantly greater compliance, as this study suggests, does having them lead to a difference that is actually

meaningful? Being 40% ethically compliant may be significantly better, statistically, than being 30% compliant, the mean rate of aggregate compliance for psychologists, but by almost any measure these would be considered failing rates of compliance. This begs the question of what is necessary to increase rates of compliance with regard to e-therapy aside from just having specific ethics codes.

The overall poor compliance rates raise an issue for both the APA and ACA: What level of compliance would be considered minimally acceptable? Must member websites be 100% compliant to avoid incurring punitive action from their professional organizations, or is there another "good enough" level of compliance? This is not a call to future research, but an open letter question to the APA and ACA because these organizations must answer it through their own professional introspection of organizational values and goals.

A corollary concern is the policing of such standards. Because of the private nature of traditional therapy APA and ACA are not, organizationally, privy to potential ethical violations without the reports of clients, colleagues, supervisors, or employing organizations. However, given that e-therapy websites are within the public domain, APA and ACA could potentially police their own members as a matter of course rather than relying on violation reports from third party sources.

A final implication of this study, though not derived from the initial research questions, concerns the lack of proliferation of e-therapy websites on the Internet during the past several years. The total number of websites located for this study (38) was lower than expected. Heinlen, Welfel, Richmond, and O'Donnell (2003) examined websites claiming to have at least one psychologist and located 44 such sites, of which 33 (75%)

were operated by single individuals. Given that Internet use increased from 2000 to 2008 (Pew Internet Research Center, 2008) it was assumed that demand for e-therapy would have increased as well, and that there would have been a concomitant increase in the number of e-therapy websites run by licensed professionals. However, it seems that by comparison with the 2003 Heinlen, Welfel, Richmond, and O'Donnell study, there are now fewer available e-therapy sites run by psychologists.

The incongruity between increased Internet use and apparently fewer psychologist e-therapy sites might be explained by design limitations of this study that affected its ability to locate a larger number of professional e-therapy websites (discussed further in the limitations section). Assuming this is not the case, then it may be that, while overall Internet use has increased, demand for e-therapy has actually decreased and resulted in fewer viable professional e-therapy website. An alternative hypothesis is that the absence of specific guidelines from APA has inhibited some psychologists from expanding their practices into cyberspace. It may be that these individuals were hesitant to practice beyond the scope of what their professional organization had officially sanctioned, which would seem to be a quite legitimate reason to refrain from branching off into relatively unexplored therapeutic territory. A third possibility is that traditional roles of therapy have been subsumed by life coaches, mentors, and other on line professionals, as well as by social support provided through special interest online discussion groups.

Limitations

A potential explanation for the lower than expected total number of websites could be the decision to use a single search engine, Google.com. It is possible that using multiple search engines with the same search criteria may have yielded additional

websites. A follow-up sample search using the same search terms yielded a range of hits from 191,000 to 184,000,000 on Yahoo.com and a range from 5,130,000 to 93,400,000 on MSN.com. Another explanation might be that the search terms generated by the consulted psychologists were not broad enough to elicit some of the potentially available websites from the search engine, which reduced the overall sample size.

The smaller than expected sample size was a potential limitation in several ways. The first has to do with statistical power. Increased sample sizes tend to increase statistical power (Keppel, 1991); with increased statistical power actual differences are more likely to be detected. The ANOVA run to detect the effect of professional affiliation on compliance with ACA Ethics Code A.12.g., Technology and Informed Consent, had a significance value $p = .054$. The adjusted limit of significance for follow up univariate procedures in this study was .025, and so professional affiliation was found not to have a significant effect on compliance with A.12.g. However, the significance value $p = .054$ is close to the .025 threshold, and it is possible that greater statistical power, which would come from a larger sample, may have yielded a significant difference result for that particular ANOVA.

Having a sample size of only 38 also potentially affects meeting the assumption of normality for MANOVA. Mertler and Vannatta (2005) indicate that MANOVA is robust to violations of normality caused by skewness provided that the smallest cell has a sample size of at least 20. This study had eight cells due to its employing a 2 x 4 design. Therefore, meeting the standard of $n = 20$ in the smallest cell to insure robustness to normality violations would have required a total of at least 160 websites. The distribution for compliance with ACA Ethics Code A.12.g., Technology and Informed Consent, was

not determined to be normal, which may call into question the validity of the results. However, the evaluation of compliance with ACA Ethics code A.12.a. required only three "yes or no" questions, and therefore only four percentages of compliance were possible: 0%; 33%, 67%; and 100%. Given the limited range of possible scores, it was unsurprising that the distribution of compliance with A.12.a. was not normal.

The limited distribution of A.12.a. scores may have also generated minor assumption violations concerning multivariate linearity. The scatterplot of A.12.a. compliance with aggregate compliance was not as elliptical in shape as the other scatterplots, though all of the scatterplots involving A.12.a. tended to be slightly more irregular than the others, which was again attributed to the limited range of possible scores for compliance with A.12.a. The deviations were considered worth mentioning but ultimately not concerning enough to have significantly affected the validity of the results.

Given the mandate by APA Ethics Code standard 2.01e Boundaries of Competence (2002) to seek out other training in the absence of recognized standards, this study assumed that it was reasonable for psychologists to comply with the ACA's code of ethics. It is possible, however, that some psychologists sought to comply with a different ethics code, such as the one proposed by the National Board of Certified Counselors (2001) or the International Society for Mental Health Online (2000). Differences in the specifics of those codes may have resulted in a confound of the psychologists' intentions (following a different code) and their measured compliance rates. However, given the low mean compliance rates of psychologists with the ACA Code of Ethics, it seems unlikely that compliance with other codes would have consistently been significantly higher.

Another limitation of this study was the lack of contact with the e-therapy providers. It may be that some providers place minimal information on a website and then cover the remaining information and consents in session. Another possibility is that information not found through initial examination of the website may be provided later once a client has created an account. Creation of such an account was beyond the procedural scope of this study; therefore some websites may have been marked as non-compliant in this study when they actually were compliant, though at a later stage of the client application process. However, this is not a limitation universal to all sections of the evaluation, as some ACA Ethics Code subsections stipulate that the information must be provided on the actual website.

Future Research

The subjects for future research based on the results of this study are numerous. It would be valuable for professional organizations to better understand how having specific ethics codes in providing e-therapy contributes to compliance with them (rather than just general guidelines): Are the providing professionals guided by an increased sense of duty, or is it fear of being caught in violation? An answer might potentially influence how codes are both crafted and enforced.

Given the overall low compliance rates by professional counselors, it seems that just having the written codes does not engender high levels of compliance. It therefore might be useful for APA and ACA to obtain research regarding what would motivate psychologists and professional counselors to comply with the specific ethics codes at more acceptable rates. This could in turn affect how these organizations decide to police their own members.

The previous two potential lines of research might be aided by a more specific investigation of compliance categories. For this study, each ACA subsection was examined as a whole for mean compliance. For example, section A.12.a. was treated as a single entity; websites were not compared for differences on the three questions that comprised the total evaluation of A.12.a. It might be useful to determine which of the specific parts had higher rates of compliance. For example, if e-therapists are providing information on payment methods and potential benefits at relatively high rates, but not on the potential limitations of e-therapy, this would be useful data to have in determining where professionals specifically need to improve.

Along with determining differences of compliance on a more specific level, it might also prove beneficial to explore compliance rates with pertinent sections of the ACA Ethics Code that were beyond the scope of this study; namely, those that would require direct contact with the e-therapist to evaluate. Studies that involve direct contact with the e-therapists could not only explore information that this study was unable to gather, but also address a limitation of this study that some of the data assessed as not being provided might actually be provided at a later point in the e-therapy process after initial contact. If information is actually being provided at later points in the contact process, then the currently-assessed rates of compliance by this study might be shown to be exaggeratedly low.

As has been mentioned, proliferation of e-therapy websites has apparently not matched increased Internet use. It is possible that a design limitation of this study prohibited it from detecting an actual increase in available e-therapy websites offered by psychologists and professional counselors. It is recommended that this study be replicated

with augmented search parameters to verify the original findings. If multiple search engines and additional search terms were used, it is possible that more websites might be identified. If more potential websites could be identified, then the statistical power of the findings would also be increased.

Whether or not a replication study is performed, it may nevertheless be beneficial to investigate the apparent decrease in psychologist e-therapy websites. The apparent decrease may be due to a decrease in demand by the public, or increased concerns by potential providers. If the latter, then of what nature are these concerns? Are potential e-therapists concerned about a lack of a market for e-therapy, or are they concerned about a perceived lack of an ethical foundation on which to build an e-therapy practice? The ramifications of this type of research would better inform those considering venturing into the practice of e-therapy. If there appears to be a lack of demand, then they might refrain from providing e-therapy services. However, if the consideration is based more on professional ethics considerations, then such research might provide an impetus for APA to more rapidly implement its own ethics codes specific to e-therapy.

This study was limited in scope by exploring only two groups, psychologists and professional counselors. However, websites sponsored by licensed clinical social workers (LCSW's) and licensed marriage and family therapists (LMFT's) were also noted in the search process. Differences among all these groups were not explored, but investigation of compliance rates of LCSW's and LMFT's could have implications for those groups similar to what has been discussed for psychologists and professional counselors.

Conclusions

Affiliation as either a psychologist or a professional counselor was shown to have an impact on total compliance with ACA codes of ethics pertaining to therapists sponsoring websites that offer e-therapy with the professional counselors being significantly more compliant. When total (aggregate) compliance was divided into its three constituent parts (ACA Ethics Codes A.12.a., A.12g., and A.12.h.) it was found that psychologists and professional counselors differed significantly only on A.12.h. Sites on the World Wide Web. These findings suggest that, overall, having ethics codes specific to e-therapy significantly increases the likelihood that professionally affiliated members will abide by them; the professional counselors have specific ethics codes for e-therapy and show greater compliance with them than the psychologists who have no specific e-therapy ethics codes of their own. This suggests that APA might benefit from developing its own ethics codes specific to e-therapy in terms of its members practicing ethically when offering e-therapy services.

However, despite the implication that having organizationally specific e-therapy ethics codes makes a difference in compliance, there remains a question as to whether simply having the specific codes is meaningful in and of itself. Professional counselors were significantly more compliant than psychologists at a rate of 40% compared to 30%. Given these extremely low rates of compliance, it could be questioned whether having specific e-therapy ethics codes makes enough of a difference to warrant actually adopting them until further researched is pursued to explore what would engender greater adherence to those codes.

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PUBLICATION READY MANUSCRIPT

Website Compliance with Ethical Guidelines by Psychologists and Professional Counselors

In the United States computers and the Internet are becoming more and more intertwined with daily life. According to the Pew Internet Research Center (2008) adult use of the Internet increased from under 50% to 73% from 2000 to 2008. As demand for Internet services in general increased, psychologists began hypothetical inquiries and initiated research as to whether their psychological services might be viably and ethically offered over the Internet (Cook & Doyle, 2002; Finn & Banach, 2000; Peterson & Beck, 2003; Richard, Werth, & Rogers, 2000). This spawned debate as to whether e-therapy should be considered a form of psychotherapy at all and how it should be classified (Amig, 2001; Finn & Banach; Peterson & Beck; Richard et al.). Mallen and Vogel (2005) defined e-therapy as:

> Any delivery of mental and behavioral health services, including but not limited to therapy, consultation, and psychoeducation, by a licensed practitioner to a client in a non-FtF setting through distance communication technologies such as the telephone, asynchronous email, synchronous chat, and videoconferencing. (p. 764).

This appeared to be the most succinct yet comprehensive definition that encapsulated the essentials of e-therapy. It was therefore the accepted definition in this study.

Despite the ongoing debate as to the veracity of e-therapy as a genuine form of psychotherapy, e-therapy continues to be an exclusive treatment modality offered by some psychologists over the Internet. This has elicited research into the ethics of e-therapy practice (Amig, 2001; Barak & English, 2002; Griffiths & Cooper, 2003; Harvey

& Carlson, 2003; Richard et al., Young, 2005). The focus of this research has tended more toward what the ethical dilemmas of e-therapy might be than on development, compliance, and enforcement of ethical standards for the practice of e-therapy.

If psychologists wish to enter the arena of e-therapy in a professional manner then it would seem that some standard of professional and ethical conduct should be required to guide their practice. The American Psychological Association's (APA) current ethics code (2002) references electronic communications in subsections 3.10, 4.02c, 5.01, and 5.04 concerning, respectively, informed consent, discussing the limits of confidentiality, avoidance of false and deceptive statements, and media presentations. However, the APA has established no guidelines concerning specific practices of e-therapy (Mallen, Vogel, & Rochlen, 2005).

Despite this lack, there are potential guidelines from other organizations, including the National Board of Certified Counselors (2001) and the International Society for Mental Health Online (2000) both of which have documented guidelines for online counseling. However, compliance with these guidelines is not mandatory as is the case with professional ethics codes (Heinlen, Welfel, Richmond, & Rak, 2003), though it is strongly recommended (Barnett, 2005). The American Counseling Association (ACA), however, has included provisions for practicing e-therapy within its 2005 code of ethics, and its members are therefore required to comply with these standards. There is currently no research to indicate whether professional counselors, who have a code of ethics which details specific guidelines for the practice of e-therapy, differ in operating an ethically compliant e-therapy website from psychologists, whose code of ethics does not detail

specific guidelines in this area of practice. That is a shortcoming that this study will seek to redress.

Review of the Literature

A review of the literature revealed that very few studies (Maheu & Gordon, 2000; Laszlo, Esterman, & Zabko, l999; Heinlen, Welfel, Richmond, & Rak, 2003) have addressed the concern of compliance with e-therapy ethical standards, and most have indicated relatively poor overall compliance. Most studies that have investigated website compliance with ethical standards included in their sample websites not sponsored by a professional licensed in psychology or counseling (Maheu & Gordon; Laszlo et al.; Heinlen, Welfel, Richmond, & Rak, 2003). When studies have investigated websites offering counseling services sponsored by just professionals, they have provided only descriptive statistics (Heinlen, Welfel, Richmond, & O'Donnell, 2003). No research was located addressing potential predictors of compliance with ethical guidelines for the practice of e-therapy.

An early study of credentialing by Laszlo et al. (1999) revealed that 45% of websites offering mental health services claimed to have at least one doctoral level provider. Maheu and Gordon (2000) subsequently found that in a sample of 56 website providers 78% were licensed. Many (55%) worked with online clients who did not reside in the same state in which they were licensed to practice. Only 12% of websites in their study referred to offered services as therapy, while 38% phrased their services as counseling, and 25% used the term advice.

A study by Heinlen, Welfel, Richmond, & Rak (2003) examined 136 websites claiming to offer some form of counseling services, even if the websites were not

sponsored by a psychologist or professional counselor. These sites were not identified randomly but through an online search of key words. This method was justified because it paralleled how an average individual seeking online counseling services might search for a potential site, which helped to keep external validity from being compromised.

Information regarding inclusion criteria and website descriptors was provided and the procedures used to select sites were well documented. However, replicating this study would be impossible due to the authors' refusal to reveal which websites were visited. The search engine used was not mentioned, which might also impact search results of potential websites. Additionally, the content on the Internet evolves so rapidly that it is not likely that someone doing follow-up research would see the same search results given the same search criteria. The authors did not indicate how their process of evaluating websites would be checked, though they suggested that it would be.

The authors developed their own instrument, the WebCounseling Site Evaluation Form (WSEF), for evaluating website compliance with 1997 National Board of Certified Counselors standards. They suggested that even though the American Counseling Association had come out with new standards for practicing e-therapy in 1999 there had not been enough elapsed time to hold professionals accountable to those standards (Heinlen, Welfel, Richmond, & Rak, 2003). The WESF evaluated websites based on content information about the site, technical features of the site, and compliance with NBCC standards, but no justification for these categories was reported.

Descriptive statistical information concerning website characteristics and how well those websites complied with NBCC standards was provided in the forms of modes and percentages of compliance (of websites with a particular characteristic). No statistical

methods to analyze the data for correlations, differences, relationships, or prediction generation were used, with one exception. A chi-square analysis was reported which indicated that there was a significant difference in compliance between those claiming a professional counseling license and those that did not, with the professionally licensed counselors showing a higher level of compliance. However, the authors found that in both cases the overall levels of compliance were low (Heinlen, Welfel, Richmond, & Rak, 2003).

These findings were followed up by Heinlen, Welfel, Richmond, and O'Donnell (2003) in a similar study examining 44 websites claiming to have at least one licensed psychologist on staff. They developed a new instrument, the Internet Therapy Website Evaluation Form (ITWEF), to evaluate these websites according to the principles set forth in 2000 by the International Society of Mental Health Online (ISMHO). It analyzed compliance within four domains (informed consent standards, standard operating procedure, emergencies, and advertising) and provided sections to gather demographic information about websites. Heinlen, Welfel, Richmond, and Rak (2003) reported an initial interrater reliability for the ITWEF of $r = .62$ before minor changes were made to adjust for several discrepancies. No information was provided concerning validity, although the questions appeared to have high face validity.

Results of this study were reported in terms of percentages of compliance based on 20 ISMHO principles. Percentages of compliance ranged from 14% to 98%. Of particular note to the authors was that levels of compliance regarding confidentiality, service to minors, and response to emergencies was inconsistent and not higher than prior research samples by Maheu and Gordon (2000), Laszlo et al. (1999), and Heinlen,

Welfel, Richmond, and Rak (2003).

The study by Heinlen, Welfel, Richmond, and O'Donnell (2003) focused on websites sponsored by psychologists and did not include websites which may have had only professional counselors. Psychologists are professionally bound to the code of ethics established by the American Psychological Association, not the principles suggested by ISMHO, and APA currently has no codes which specifically address the practice of e-therapy (APA, 2002). However, professional counselors are bound to the code of ethics established by the American Counseling Association and the ACA does have specific codes concerning the practice of e-therapy. No research was located which addressed levels of professional counselor compliance with their own code of ethics or compared the levels of compliance between psychologists and professional counselors.

Justification for ACA Standards

The American Psychological Association may not provide specific standards for the practice of e-therapy, but four sections (3.10 Informed Consent, 4.02c Discussing the Limits of Confidentiality, 5.01 Informed Consent, and 5.04 Media Presentations) were expanded to include mandates for making provisions for telephone and electronic communications (Mallen et al., 2005). Additionally, standard 2.01e Boundaries of Competence requires psychologists to take reasonable steps to maintain work competence for the protection of their clients in the absence of recognized standards of preparatory training (APA, 2002). Given these standards in the APA Code of Ethics, it seems reasonable to expect psychologists engaging in e-therapy to seek out current principles or standards of practice set forth by other organizations and adhere to them. The general principles in the APA Code of Ethics and the ACA (2005) Code of Ethics appear to have

significant overlap. Thus, it is assumed that psychologists can reasonably be held to the ACA standards of e-therapy ethical practice to which professional counselors should be adhering; specifically for this study, sections A.12.a. Benefits and Limitations, A.12.g. Technology and Informed Consent, and A.12.h. Sites on the World Wide Web.

Purpose of this Study

The purpose of this study was to assess e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors using compliance with ethical codes specific to the practice of e-therapy as the measure. In this study the differences in levels of compliance with the American Counseling Association e-therapy ethical codes between psychologist sponsored websites and professional counselor sponsored websites were examined. The American Psychological Association (2002) has no standards specifically concerning e-therapy by which to measure website compliance. This examination was to provide data to indicate whether belonging to a professional organization that has specific ethical codes regarding e-therapy contributes to ethical behaviors regarding the practice and establishment of an e-therapy websites which, for this study, was defined as higher levels of compliance with the ethical codes.

The ACA Code of Ethics (2005) contains eight sections (A.12.a. – A.12.h.) that address technology applications. Only sections A.12.a. Benefits and Limitations, A.12.g. Technology and Informed Consent, and A.12.h. Sites on the World Wide Web may be evaluated solely from website content. Therefore, those were the three sections of focus because it was the design of this study that only the websites themselves be evaluated without direct contact of the website psychologists or professional counselors prior to evaluation. The five remaining subsections of section A.12. in the ACA Code of Ethics

would have required either direct contact or participation as a client for proper evaluation. The following research questions were generated using the stated criteria:

1. Is there a difference in compliance with the aggregate of sections A.12.a., A.12.g., and A.12.h. of the American Counselor Association Code of Ethics (2005) between e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors?
2. Is there a difference in compliance with section A.12.a. Benefits and Limitations of the American Counselor Association Code of Ethics (2005) between e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors?
3. Is there a difference in compliance with section A.12.g. Technology and Informed Consent of the American Counselor Association Code of Ethics (2005) between e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors?
4. Is there a difference in compliance with section A.12.h. Sites on the World Wide Web of the American Counselor Association Code of Ethics (2005) between e-therapy websites sponsored by psychologists and e-therapy websites sponsored by professional counselors?

Methods

Sample

Websites offering e-therapy services were identified by inputting search terms into a general web search provided by Google to conduct a search for e-therapy websites.

An informal survey of eight psychologists and psychologists-in-training yielded a prioritized list of search terms (see Appendix C) that was used to conduct the search. A brief pilot exploration of how many Google hits would result from the search terms yielded a range from 54,800 to 23,800,000 depending on the search terms used. It was assumed that potential clients seeking e-therapy would be more interested in search results appearing on the first few pages. However, in order to increase the sample size for research depth the initially projected search limit was set at the 200th result. Unexpectedly, 200 results per search term did not produce an acceptable sample size. The sampling range was therefore doubled, though with diminishing returns, so that websites listed among first 400 results from each search term were explored. This method, though it did not yield a random sample, was consistent with the way potential clients seeking e-therapy would search for services and was therefore considered appropriate for this study.

Only websites that had at least one sponsoring psychologist or one professional counselor and that offer e-therapy as a sole source of service were included in this study. The website sponsor needed to indicate having received his or her professional degree within the United States or that he or she was currently a member of the American Psychological Association or the American Counseling Association. This insured that the website sponsor would be subject to the APA or ACA ethical codes. When a website indicated having a psychologist or counselor but did not provide specific means to verify that claim, the membership of the psychologist or counselor was verified through APA or ACA. In such a case the website was included in the sample but assessed as lacking that verification. The website psychologists and counselors did not necessarily need to be licensed as long as they were operating under the supervision of another licensed

psychologist or counselor.

Websites which appeared to be a consortium of both psychologists and professional counselors were classified according the sponsoring party. When a website did not indicate a sponsoring individual then it was classified as a psychologist website or a professional counselor website based on the majority of individuals offering services from a given professional type. Websites offering e-therapy only as a supplement to face-to-face therapy were excluded based on the assumption that if e-therapy were offered only as an adjunctive form of service then ethical guidelines pertaining to other forms of service might interfere with obtaining accurate results within the specific focus of this study. The proprietors and operators of these websites were not notified regarding their websites being used as sources of data for this study due to the websites' being within the public domain.

This study employed a 2 x 4 multiple analysis of variance (MANOVA) using one independent variable that had two levels and four dependent variables. The independent variable was website sponsor profession, either psychologist or professional counselor. The four dependent variables were compliance with section A.12.a. of the 2005 American Counselor Association Code of Ethics, compliance with section A.12.g. of the 2005 American Counselor Association Code of Ethics, compliance with section A.12.h. of the 2005 American Counselor Association Code of Ethics, and compliance with an aggregate of all three sections.

Procedures

Instrumentation. The instrument used to evaluate data from the observed websites, the E-therapy Website Evaluation Form (EWEF) (see Appendix A), was

generated by converting the pertinent ACA ethical codes (see Appendix B) into questions relating to whether a website was compliant with the specific codes. When an individual code was of a composite nature covering multiple facets questions equal to the number of facets were generated from the individual code. This yielded a total of 23 questions from 16 ethical codes which were answered yes-or-no by the rater regarding whether the website offered a particular feature or piece of information. There was also a section for the rater to record information on whether the website was sponsored by a psychologist, a counselor, or both. The website's name and electronic address, as well as the date of data collection, were also recorded on the EWEF.

Collection of data. The principle evaluator was the author. In order to reduce the possibility of single evaluator error, a second evaluator, who was a doctoral student in the ISU Counseling Psychology program, volunteered to evaluate 10 of the 38 selected websites which were selected randomly. When there was a discrepancy in the evaluations the author and volunteer collaborated to come to a consensus, which was consistent with the methodology used by Heinlen, Welfel, Richmond, and O'Donnell (2003). The evaluators initially agreed on 96% of the total questions, with discrepancies most often pertaining to technological and informed consent features of the website covered under section A.12.g. of the ACA (2005) Code of Ethics.

Data was collected from psychologist and counselor sponsored websites by an evaluator. Once a list of potential websites was generated from a Google search the evaluator clicked on the first available link on the list to visit and evaluate the website. Using the EWEF to evaluate a website took approximately 10 to 40 minutes. The evaluator then returned to the Google list, clicked on the next possible link, and repeated

the procedure. This process continued until the evaluator exhausted the potential websites from the first 400 hits given the search criteria. New search terms were then entered at google.com to resume the process. This cycle was repeated until all the search terms found in Appendix C were exhausted. Collection of data from all websites was completed within two months.

Website sponsors not in full compliance were e-mailed a personalized form letter (see Appendix D) indicating the purpose of the study and that compliance deficits were noted with their websites. A copy of the pertinent ethics codes (see Appendix B) was attached to that email. The purpose of this notification was to informally help resolve any potential ethical violations on the part of the sponsors, as is mandated by Section 1.04 of the American Psychological Association Code of Conduct (2002).

Data analysis. EWEF questions were given a value of 0 for a "no" response and 1 for a "yes" response. The answers to questions relevant to a particular subsection of the ACA Code of Ethics were then summed to give a website an EWEF score for that section. Each website received a summed score for all three relevant subsections of the ACA Code of Ethics as well as an overall composite score of the three summed scores, resulting in each website receiving a total of four EWEF scores to be analyzed. These four summed scores were then converted to ratios of compliance. For example, if a website was evaluated as being compliant on 12 of the total 23 EWEF items, then it would receive a total ratio score of .52, indicating it was 52% compliant for all items.

The data was entered into the Statistical Package for the Social Sciences (SPSS) and analyzed using a 2 x 4 Multiple Analysis of Variance (MANOVA). The independent variable was professional affiliation which had two levels (psychologist and professional

counselor). The four dependent variables were measured compliances with ACA (2005) Ethics Codes A.12.a. Benefits and Limitations, A.12.g. Technology and Informed Consent, A.12.h. Sites on the World Wide Web, and an aggregate of all three. Follow-up univariate F-tests were conducted, but no post hoc procedures were necessary due to the independent variable having only two levels.

Results

A total of 38 websites were located using the specified search criteria; 20 psychologist sponsored websites and 18 counselor sponsored websites. Mean percentages of compliance with evaluated ACA Ethics Codes ranged from 15% to 78%. A summary of group and total sample means and standard deviations of compliance with specific ACA Ethics Codes is shown in Table 1.

The MANOVA results are displayed on Table 2. The MANOVA was significant at the .05 alpha level, Pillai's Trace = .33, F (4, 33) = 4.125, p = .008, η^2 = .333, which indicates significant differences between psychologists and professional counselors for compliance with the measured ACA Ethics Codes covering the provision of e-therapy. Four follow-up univariate ANOVAs were conducted to examine differences in compliance by psychologists and professional counselors with each of the three pertinent ACA Ethics Codes as well as the aggregate of all three. To reduce the possibility of Type I error, a more conservative alpha level (α = .025) was used to interpret the ANOVA procedures. It was decided that using a Bonferroni's corrected alpha level to control for experiment-wide Type I error inflations would yield a significance level, α = .0125, that was excessively stringent and that would unacceptably increase the possibility of Type II error. Keppel (1991) suggests that adopting a significance level of α = .025 addresses the

need for a more stringently set alpha level while moderating the reduction of statistical power caused by more conservative alpha levels.

The first ANOVA conducted with professional affiliation (psychologist or professional counselor) as the independent variable and total aggregate compliance with ACA Ethics Codes A.12.a., A.12.g., and A.12.h. as the dependent variable was significant, F (1,36) = 6.04, p = .019, η^2 = .144. The second ANOVA, conducted with professional affiliation as the independent variable and compliance with ACA Ethics Code A.12.a., was not significant, F (1, 36) = .94, p = .338, η^2 = .03. The third ANOVA showed no significance between professional affiliation and compliance with ACA Ethics Code A.12.g., F (1, 36) = 3.95, p = .054, η^2 = .099. The fourth ANOVA revealed professional affiliation having a significant effect on compliance with ACA Ethics Code A.12.h., F (1, 36) = 9.60, p = .004, η^2 = .210. Results from the univariate ANOVAs are summarized in Table 3.

Summary of Results

Twenty psychologist-sponsored e-therapy websites were compared with 18 professional counselor-sponsored websites for compliance with three sections of the ACA Code of Ethics as well as an aggregate of the three to determine if there were significant differences between psychologists and professional counselors in maintaining ethically compliant e-therapy websites. The overall MANOVA was significant and follow-up ANOVAs were conducted. Professional counselors showed significantly greater rates of compliance than psychologists with section A.12.h. of the ACA Code of Ethics as well as with the aggregate of sections A.12.a., A.12.g., and A.12.h. No

significant differences were detected between psychologists and professional counselors for compliance with sections A.12.a. and A.12.g.

Table 1

Descriptive Statistics of Compliance by Professional Affiliation

	Mean	Std. Deviation
Aggregate Compliance		
Psychologists	.30	.12
Counselors	.41	.14
Combined	.35	.14
A.12.a. Compliance		
Psychologists	.68	.34
Counselors	.78	.28
Combined	.73	.31
A.12.g. Compliance		
Psychologists	.15	.12
Counselors	.24	.14
Combined	.19	.13
A.12. h. Compliance		
Psychologists	.42	.13
Counselors	.60	.28
Combined	.51	.20

Note: $N = 38$

Table 2

Multiple Analysis of Variance Tests

Effect	Value	*F*	*Hypothesis df*	*Error df*	*p*	*η*
Prof. Affiliation						
Pillai's Trace	.333	4.125	4.000	33.000	.008	.333
Wilks' Lambda	.667	4.125	4.000	33.000	.008	.333
Hotelling's Trace	.500	4.125	4.000	33.000	.008	.333
Roy's Largest Root	.500	4.125	4.000	33.000	.008	.333

Table 3

Analysis of Variance for Professional Affiliation Between-Subjects Effects

Dependent Variable	*df*	*F*	*p*	*η*
Aggregate Compliance	1	6.044	.019	.144
A.12.a. Compliance	1	.944	.338	.026
A.12.g. Compliance	1	3.951	.054	.099
A.12.h. Compliance	1	9.595	.004	.210

Discussion

The goal of this study was to investigate whether professional affiliation as either a psychologist or a professional counselor had an effect on maintaining an e-therapy website compliant with ethical standards pertaining to the provision of e-therapy services over the Internet. To this end, 38 e-therapy websites, 20 sponsored by psychologists and

18 sponsored by professional counselors, were examined in four domains pertaining to the stated research questions: Compliance with ACA Ethics Codes A.12.a. Benefits and Limitations; A.12.g. Technology and Informed Consent; A.12.h. Sites on the World Wide Web; and an aggregate total of all three. The multivariate statistic was significant, indicating that affiliation as a psychologist or professional counselor impacted compliance with the examined ACA Ethics Codes.

Total aggregate compliance was found to be significantly different between psychologists and professional counselors upon examination of the first follow up ANOVA with the professional counselors showing higher mean rates of compliance, 40% compared to 30% (see Table 1). This finding is important because it implies that having specific professional ethics codes, as the professional counselors do, pertaining to providing treatment over the Internet positively affects general levels of ethical behavior for therapists providing e-therapy. The ramifications of this will be discussed in the following section dealing with result implications.

Having determined that overall ethical compliance was affected by professional affiliation, it was important to then determine which subsections of overall compliance were significantly affected by professional affiliation. The second follow up ANOVA, aligning with research question two, addressed professional affiliation differences in compliance with ACA Ethics Code A.12.a. Benefits and Limitations. It should be noted that A.12.a. also includes the stipulation that potential clients know how payment for services will be required of them. A significant difference was not found between psychologists and professional counselors regarding their providing information on method of payment and benefits and limitations of e-therapy. Additionally, Ethics Code

A.12.a. showed higher mean rates of compliance than the other two Ethics Codes and the aggregate (see Table 1). These data taken together suggest that, regardless of whether there is an ethics code specifying the requirement, both psychologists and professional counselors tend to supply potential clients information pertaining to payment options and benefits and limitations of e-therapy more often than they will provide other e-therapy information indicated in ACA Ethics Codes A.12.g. and A.12.h.

The follow up ANOVA pertaining to research question three assessed for professional affiliation differences on ACA Ethics Code A.12.g. Technology and Informed Consent. No significant difference was detected, suggesting that having an ethics code specifying particulars of informed consent and technology issues does not significantly affect whether psychologists and professional counselors actually provide such information. However, unlike ACA Ethics Code A.12.a., which had the highest mean rate of combined psychologist and professional counselor compliance, 72%, ACA Ethics Code A.12.g. had the lowest mean rate of combined compliance, 19%, indicating that both groups were similarly lacking in providing the requisite information. It should be noted that though the ANOVA did not detect a significant difference between the two groups, this was by a very small margin. More statistical power may have yielded a different result, which is discussed further in the limitations section.

The final ANOVA, which addressed research question four, examined potential differences between psychologists and professional counselors for compliance with ACA Ethics Code A.12.h. Sites on the World Wide Web. A significant difference was found between the two groups, with the professional counselors having higher mean rates of compliance than the psychologists. Of all the dependent variables, A.12.h. showed the

greatest disparity in mean compliance (see Table 1) between psychologists, 42%, and professional counselors, 60%. It may be inferred from the size of this group difference disparity that, of all three Ethics Codes, compliance with A.12.h. was the most strongly affected by the presence of specific, professionally-affiliated ethics codes.

Implications

Professional counselors were significantly more compliant than psychologists within the aggregate of three measured ACA Ethics Codes pertaining to maintaining websites for the purpose of providing e-therapy. Operating on the assumption that both groups do not significantly vary in terms of intra-group characteristics and actually receive adequate, and approximate, ethical training during their academic programs, it seems reasonable to assert that professional counselors consistently achieve higher rates of mean compliance with the pertinent e-therapy ACA Ethics Codes because they in fact have a code of ethics which specifically addresses e-therapy, whereas the psychologists do not.

However, it is also possible that these findings could be attributable to differences between the groups that were not incorporated into the evaluation model of this study. Thus, some factor other than having specific e-therapy ethics codes may have led to the observed differences in compliance rates. One explanation is that professional counselors may receive more comprehensive ethical training than psychologists that leads to greater compliance, at least within the domain of providing e-therapy services. It may also be that the psychologists tended to be more removed from their websites and less involved in their inception and maintenance which might lead to inadvertent ethical violations. Another possibility is that psychologists may generally be more attracted to traditional

face-to-face therapy, and those psychologists who are inclined towards e-therapy tend to be different in some ways that contribute to poorer rates of ethical compliance. These possibilities serve as explanations, but do not excuse responsibility. However, if having specific codes of ethics pertaining to e-therapy does significantly influence ethical behavior in that domain, a question arises as to whether the American Psychological Association should amend its Code of Ethics to include standards which address that very subject.

Given the on-going debate as to the legitimacy of e-therapy (Amig, 2001; Finn & Banach, 2000; Peterson & Beck, 2003; Richard et al., 2000), it would seem as if APA has, for the interim, decided to address the issue only through standard 2.01e Boundaries of Competence, which requires psychologists to take reasonable steps to maintain work competence for the protection of their clients in the absence of recognized standards of preparatory training (APA, 2002). However, the results of this study appear to indicate that this is simply not adequate. ACA members comply with their own ethics code for providing e-therapy at significantly higher rates than do psychologists. This code is easily available to all psychologists who would want to seek out an ethical standard for the provision of e-therapy. Yet for whatever hypothesized reason, they do not seem to do so on a consistent basis, as evidenced by their poor rates of compliance.

Having a code of ethics that specifically addresses e-therapy may prompt professional counselors to be more compliant than psychologists, but the mean rates of compliance by professional counselors in this study could scarcely be deemed encouraging. Mean aggregate compliance with all 23 questions of the EWEF for professional counselors was only 40%. This indicates that the average professional

counselor website surveyed scored a “yes” for compliance on only 9 of the 23 questions. Presumably, the ACA would want its members to be more than 40% ethically compliant. So, while having specific e-therapy ethics codes may elicit significantly greater compliance, as this study suggests, does having them lead to a difference that is actually meaningful? Being 40% ethically compliant may be significantly better, statistically, than being 30% compliant, the mean rate of aggregate compliance for psychologists, but by almost any measure these would be considered failing rates of compliance. This begs the question of what is necessary to increase rates of compliance with regard to e-therapy aside from just having specific ethics codes.

The overall poor compliance rates raise an issue for both the APA and ACA: What level of compliance would be considered minimally acceptable? Must member websites be 100% compliant to avoid incurring punitive action from their professional organizations, or is there another “good enough” level of compliance? This is not a call to future research, but an open letter question to the APA and ACA because these organizations must answer it through their own professional introspection of organizational values and goals.

A corollary concern is the policing of such standards. Because of the private nature of traditional therapy APA and ACA are not, organizationally, privy to potential ethical violations without the reports of clients, colleagues, supervisors, or employing organizations. However, given that e-therapy websites are within the public domain, APA and ACA could potentially police their own members as a matter of course rather than relying on violation reports from third party sources.

A final implication of this study, though not derived from the initial research

questions, concerns the lack of proliferation of e-therapy websites on the Internet during the past several years. The total number of websites located for this study (38) was lower than expected. Heinlen, Welfel, Richmond, and O'Donnell (2003) examined websites claiming to have at least one psychologist and located 44 such sites, of which 33 (75%) were operated by single individuals. Given that Internet use increased from 2000 to 2008 (Pew Internet Research Center, 2008) it was assumed that demand for e-therapy would have increased as well, and that there would have been a concomitant increase in the number of e-therapy websites run by licensed professionals. However, it seems that by comparison with the 2003 Heinlen, Welfel, Richmond, and O'Donnell study, there are now fewer available e-therapy sites run by psychologists.

The incongruity between increased Internet use and apparently fewer psychologist e-therapy sites might be explained by design limitations of this study that affected its ability to locate a larger number of professional e-therapy websites (discussed further in the limitations section). Assuming this is not the case, then it may be that, while overall Internet use has increased, demand for e-therapy has actually decreased and resulted in fewer viable professional e-therapy website. An alternative hypothesis is that the absence of specific guidelines from APA has inhibited some psychologists from expanding their practices into cyberspace. It may be that these individuals were hesitant to practice beyond the scope of what their professional organization had officially sanctioned, which would seem to be a quite legitimate reason to refrain from branching off into relatively unexplored therapeutic territory. A third possibility is that traditional roles of therapy have been subsumed by life coaches, mentors, and other on line professionals, as well as by social support provided through special interest online discussion groups.

Limitations

A potential explanation for the lower than expected total number of websites could be the decision to use a single search engine, Google.com. It is possible that using multiple search engines with the same search criteria may have yielded additional websites. A follow-up sample search using the same search terms yielded a range of hits from 191,000 to 184,000,000 on Yahoo.com and a range from 5,130,000 to 93,400,000 on MSN.com Another explanation might be that the search terms generated by the consulted psychologists were not broad enough to elicit some of the potentially available websites from the search engine.

Given the mandate by APA Ethics Code standard 2.01e Boundaries of Competence (2002) to seek out other training in the absence of recognized standards, this study assumed that it was reasonable for psychologists to comply with the ACA's code of ethics. It is possible, however, that some psychologists sought to comply with a different ethics code, such as the one proposed by the National Board of Certified Counselors (2001) or the International Society for Mental Health Online (2000). Differences in the specifics of those codes may have resulted in a confound of the psychologists' intentions (following a different code) and their measured compliance rates. However, given the low mean compliance rates of psychologists with the ACA Code of Ethics, it seems unlikely that compliance with other codes would have consistently been significantly higher.

Another limitation of this study was the lack of contact with the e-therapy providers. It may be that some providers place minimal information on a website and then cover the remaining information and consents in session. Another possibility is that

information not found through initial examination of the website may be provided later once a client has created an account. Creation of such an account was beyond the procedural scope of this study; therefore some websites may have been marked as non-compliant in this study when they actually were compliant, though at a later stage of the client application process. However, this is not a limitation universal to all sections of the evaluation, as some ACA Ethics Code subsections stipulate that the information must be provided on the actual website.

Future Research

The subjects for future research based on the results of this study are numerous. It would be valuable for professional organizations to better understand how having specific ethics codes in providing e-therapy contributes to compliance with them (rather than just general guidelines): Are the providing professionals guided by an increased sense of duty, or is it fear of being caught in violation? An answer might potentially influence how codes are both crafted and enforced.

Given the overall low compliance rates by professional counselors, it seems that just having the written codes does not engender high levels of compliance. It therefore might be useful for APA and ACA to obtain research regarding what would motivate psychologists and professional counselors to comply with the specific ethics codes at more acceptable rates. This could in turn affect how these organizations decide to police their own members.

The previous two potential lines of research might be aided by a more specific investigation of compliance categories. For this study, each ACA subsection was examined as a whole for mean compliance. For example, section A.12.a. was treated as a

single entity; websites were not compared for differences on the three questions that comprised the total evaluation of A.12.a. It might be useful to determine which of the specific parts had higher rates of compliance. For example, if e-therapists are providing information on payment methods and potential benefits at relatively high rates, but not on the potential limitations of e-therapy, this would be useful data to have in determining where professionals specifically need to improve.

Along with determining differences of compliance on a more specific level, it might also prove beneficial to explore compliance rates with pertinent sections of the ACA Ethics Code that were beyond the scope of this study; namely, those that would require direct contact with the e-therapist to evaluate. Studies that involve direct contact with the e-therapists could not only explore information that this study was unable to gather, but also address a limitation of this study that some of the data assessed as not being provided might actually be provided at a later point in the e-therapy process after initial contact. If information is actually being provided at later points in the contact process, then the currently-assessed rates of compliance by this study might be shown to be exaggeratedly low.

As has been mentioned, proliferation of e-therapy websites has apparently not matched increased Internet use. It is possible that a design limitation of this study prohibited it from detecting an actual increase in available e-therapy websites offered by psychologists and professional counselors. It is recommended that this study be replicated with augmented search parameters to verify the original findings. If multiple search engines and additional search terms were used, it is possible that more websites might be identified. If more potential websites could be identified, then the statistical power of the

findings would also be increased.

Whether or not a replication study is performed, it may nevertheless be beneficial to investigate the apparent decrease in psychologist e-therapy websites. The apparent decrease may be due to a decrease in demand by the public, or increased concerns by potential providers. If the latter, then of what nature are these concerns? Are potential e-therapists concerned about a lack of a market for e-therapy, or are they concerned about a perceived lack of an ethical foundation on which to build an e-therapy practice? The ramifications of this type of research would better inform those considering venturing into the practice of e-therapy. If there appears to be a lack of demand, then they might refrain from providing e-therapy services. However, if the consideration is based more on professional ethics considerations, then such research might provide an impetus for APA to more rapidly implement its own ethics codes specific to e-therapy.

This study was limited in scope by exploring only two groups, psychologists and professional counselors. However, websites sponsored by licensed clinical social workers (LCSW's) and licensed marriage and family therapists (LMFT's) were also noted in the search process. Differences among all these groups were not explored, but investigation of compliance rates of LCSW's and LMFT's could have implications for those groups similar to what has been discussed for psychologists and professional counselors.

Conclusions

Affiliation as either a psychologist or a professional counselor was shown to have an impact on total compliance with ACA codes of ethics pertaining to therapists sponsoring websites that offer e-therapy with the professional counselors being significantly more compliant. When total (aggregate) compliance was divided into its

three constituent parts (ACA Ethics Codes A.12.a., A.12.g., and A.12.h.) it was found that psychologists and professional counselors differed significantly only on A.12.h. Sites on the World Wide Web. These findings suggest that, overall, having ethics codes specific to e-therapy significantly increases the likelihood that professionally affiliated members will abide by them; the professional counselors have specific ethics codes for e-therapy and show greater compliance with them than the psychologists who have no specific e-therapy ethics codes of their own. This suggests that APA might benefit from developing its own ethics codes specific to e-therapy in terms of its members practicing ethically when offering e-therapy services.

However, despite the implication that having organizationally specific e-therapy ethics codes makes a difference in compliance, there remains a question as to whether simply having the specific codes is meaningful in and of itself. Professional counselors were significantly more compliant than psychologists at a rate of 40% compared to 30%. Given these extremely low rates of compliance, it could be questioned whether having specific e-therapy ethics codes makes enough of a difference to warrant actually adopting them until further researched is pursued to explore what would engender greater adherence to those codes.

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Appendix A: E-Therapy Website Evaluation Form (EWEF)

Date: _____

Website Identification Number_____

Website Name (if applicable): _____

URL: _____

Sponsorship: Psychologist_____ Counselor_____ Mixed_____

A. 12.a Benefits and Limitations

1. Does the site provide information on the potential benefits of e-therapy?

   Yes _____ No _____

2. Does the site provide information on the potential limitations of e-therapy?

   Yes _____ No _____

3. Does the site provide information on business/billing procedures?

   Yes _____ No _____

A. 12.g. Technology and Informed Consent

4. Does the site provide information regarding the difficulty of maintaining the confidentiality of electronically transmitted communications?

   Yes _____ No _____

5. Does the site provide information pertaining to all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized access to electronic transmissions?

   Yes _____ No _____

6. Does the site ask clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use in the counseling process?

   Yes _____ No _____

7. Does the site provide information (or link to another site regarding pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries?

   Yes _____ No _____

8. Does the site specify using encrypted web sites and e-mail communications to help ensure confidentiality when possible?

   Yes _____ No _____

9. Does the site provide information about notifying clients when the use of encryption is not possible and that communication at such times will be general and not client specific?

   Yes _____ No _____

10. Does the site inform clients of whether or not archival storage of transaction records is maintained?

    Yes _____ No _____

11. Does the site discuss the possibility of technology failure and alternative methods of service delivery?

    Yes _____ No _____

12. Does the site provide information to clients regarding emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available?

    Yes _____ No _____

13. Does the site discuss any of the following factors that might impact service delivery:

    13.a. Time zone differences?

    Yes _____ No _____

    13.b. Local customs?

    Yes _____ No _____

    13.c. Cultural differences?

    Yes _____ No _____

    13.d. Language differences?

    Yes _____ No _____

A.12.h. Sites on the World Wide Web

14. Are the website's electronic links working?

    Yes _____ No _____

15. Are the website's electronic links professionally appropriate?

    Yes _____ No _____

16. Does the site provide ways clients can contact the counselor in case of technology failure?

    Yes _____ No _____

17. Does the site provide electronic links to relevant state licensure boards or indicate the therapist is receiving current supervision if unlicensed?

    Yes _____ No _____

18. Does the site provide electronic links to relevant professional certification boards?

    Yes _____ No _____

19. Does the site provide a method for verifying client identity?

    Yes _____ No _____

20. Does the site indicate that written consent of the legal guardian or other authorized legal representative will be obtained prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving consent?

    Yes _____ No _____

Appendix B: American Counseling Association Codes of Ethics (2005) Used for Evaluation

A.12. Technology Applications

A.12.a. Benefits and Limitations

Counselors inform clients of the benefits and limitations of using information technology application in the counseling process and in business/billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments, and other communication devices.

A.12.g. Technology and Informed Consent

As part of the process of establishing informed consent, counselors do the following:

Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.

Inform clients of all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.

Urge clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use is the counseling process.

Inform clients of pertinent legal rights and limitation governing the practice of a profession over state lines or international boundaries.

Use encrypted web sites and e-mail communications to help ensure confidentiality when possible.

When the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific.

Inform clients if and for how long archival storage of transaction records is maintained.

Discuss the possibility of technology failure and alternative methods of service delivery.

Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.

Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.

A.12.h. Sites on the World Wide Web

Counselors maintaining sites on the World Wide Web (the Internet) do the following:

Regularly check that electronic links are working and professionally appropriate.

Establish ways clients can contact the counselor in case of technology failure.

Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.

Establish a method of verifying client identity.

Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent.

Appendix C: List of Search Terms

1. Online Therapist
2. Online Counseling
3. Internet Counseling
4. Online Counselor
5. Internet therapy
6. Internet Therapist
7. Online therapy
8. Online psychologist
9. E-therapy

Appendix D: Letter to Websites with Compliance Deficits

Date: _____

Website name

Website sponsor's name

Dear Sir or Madam:

My name is Joe Yazvac and I am a doctoral student in the counseling psychology program at Indiana State University. I am currently investigating the difference between psychologists and professional counselors practicing Internet therapy in terms of their websites' compliance with ethical standards regarding the provision of Internet therapy. During the course of my research I have discovered that your web site is out of compliance with some of the American Counseling Association's ethical guidelines for providing Internet therapy. Psychologists are not beholden to this set of guidelines; however the American Psychological Association's Code of Conduct mandates that psychologists seek out alternative guidance when it does not address a specific area (it does not specifically address Internet therapy). It is therefore reasonable to expect psychologists to comply with ACA's ethical guidelines when providing Internet therapy.

The entire set of pertinent ACA standards used in my research is attached. If you have any questions, please feel free to contact me at jyazvaciii@mymail.indstate.edu. Thank you for your time and consideration.

Respectfully,

Joe Yazvac, M.S.

APPENDIXES

APPENDIX A: E-THERAPY WEBSITE EVALUATION FORM (EWEF)

Date: _____

Website Identification Number_____

Website Name (if applicable): _____

URL: _____

Sponsorship: Psychologist_____ Counselor_____ Mixed_____

A. 12.a Benefits and Limitations

1. Does the site provide information on the potential benefits of e-therapy?

   Yes _____ No _____

2. Does the site provide information on the potential limitations of e-therapy?

   Yes _____ No _____

3. Does the site provide information on business/billing procedures?

   Yes _____ No _____

A. 12.g. Technology and Informed Consent

4. Does the site provide information regarding the difficulty of maintaining the confidentiality of electronically transmitted communications?

   Yes _____ No _____

5. Does the site provide information pertaining to all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized access to electronic transmissions?

   Yes _____ No _____

6. Does the site ask clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use in the counseling process?

   Yes _____ No _____

7. Does the site provide information (or link to another site regarding pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries?

   Yes _____ No _____

8. Does the site specify using encrypted web sites and e-mail communications to help ensure confidentiality when possible?

   Yes _____ No _____

9. Does the site provide information about notifying clients when the use of encryption is not possible and that communication at such times will be general and not client specific?

   Yes _____ No _____

10. Does the site inform clients of whether or not archival storage of transaction records is maintained?

    Yes _____ No _____

11. Does the site discuss the possibility of technology failure and alternative methods of service delivery?

    Yes _____ No _____

12. Does the site provide information to clients regarding emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available?

    Yes _____ No _____

13. Does the site discuss any of the following factors that might impact service delivery:

    13.a. Time zone differences?

    Yes _____ No _____

    13.b. Local customs?

    Yes _____ No _____

    13.c. Cultural differences?

    Yes _____ No _____

    13.d. Language differences?

    Yes _____ No _____

A.12.h. Sites on the World Wide Web

14. Are the website's electronic links working?

    Yes _____ No _____

15. Are the website's electronic links professionally appropriate?

    Yes _____ No _____

16. Does the site provide ways clients can contact the counselor in case of technology failure?

    Yes _____ No _____

17. Does the site provide electronic links to relevant state licensure boards or indicate the therapist is receiving current supervision if unlicensed?

    Yes _____ No _____

18. Does the site provide electronic links to relevant professional certification boards?

    Yes _____ No _____

19. Does the site provide a method for verifying client identity?

    Yes _____ No _____

20. Does the site indicate that written consent of the legal guardian or other authorized legal representative will be obtained prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving consent?

    Yes _____ No _____

APPENDIX B: AMERICAN COUNSELING ASSOCIATION CODES OF ETHICS (2005) USED FOR EVALUATION

A.12. Technology Applications

A.12.a. Benefits and Limitations

Counselors inform clients of the benefits and limitations of using information technology application in the counseling process and in business/billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments, and other communication devices.

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Urge clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use is the counseling process.

Inform clients of pertinent legal rights and limitation governing the practice of a profession over state lines or international boundaries.

Use encrypted web sites and e-mail communications to help ensure confidentiality when possible.

When the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific.

Inform clients if and for how long archival storage of transaction records is maintained.

Discuss the possibility of technology failure and alternative methods of service delivery.

Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.

Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.

A.12.h. Sites on the World Wide Web

Counselors maintaining sites on the World Wide Web (the Internet) do the following:

Regularly check that electronic links are working and professionally appropriate.

Establish ways clients can contact the counselor in case of technology failure.

Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.

Establish a method of verifying client identity.

Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent.

APPENDIX C: LIST OF SEARCH TERMS

1. Online Therapist
2. Online Counseling
3. Internet Counseling
4. Online Counselor
5. Internet therapy
6. Internet Therapist
7. Online therapy
8. Online psychologist
9. E-therapy

APPENDIX D: LETTER TO WEBSITES WITH COMPLIANCE DEFICITS

Date: _____

Website name

Website sponsor's name

Dear Sir or Madam:

My name is Joe Yazvac and I am a doctoral student in the counseling psychology program at Indiana State University. I am currently investigating the difference between psychologists and professional counselors practicing Internet therapy in terms of their websites' compliance with ethical standards regarding the provision of Internet therapy. During the course of my research I have discovered that your web site is out of compliance with some of the American Counseling Association's ethical guidelines for providing Internet therapy. Psychologists are not beholden to this set of guidelines; however the American Psychological Association's Code of Conduct mandates that psychologists seek out alternative guidance when it does not address a specific area (it does not specifically address Internet therapy). It is therefore reasonable to expect psychologists to comply with ACA's ethical guidelines when providing Internet therapy.

The entire set of pertinent ACA standards used in my research is attached. If you have any questions, please feel free to contact me at jyazvaciii@mymail.indstate.edu. Thank you for your time and consideration.

Respectfully,

Joe Yazvac, M.S.

APPENDIX E: SKEWNESS AND KURTOSIS STATISTICS

Table 5

Descriptive Statistics for Skewness and Kurtosis

	Skewness	Kurtosis
Aggregate Compliance	.262	-.789
A.12.a. Compliance	-1.039	.305
A.12.g. Compliance	.077	-1.116
A.12. h. Compliance	.819	.085

Note: $N = 38$