



The
British
Psychological
Society

Professional Practice Board

The provision of psychological services via the internet and other non-direct means



Second edition

2009

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14 September 2009

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REP09/09.09

Preamble

The purpose of this revised guidance is to highlight some of the recent changes in information and communication technologies and to highlight some of the implications for ethical practice in delivering psychology services over the internet and mobile telephone networks. Where appropriate, earlier guidance is restated or modified so as to reflect the changes – technological and regulatory – that have occurred since the Society’s last statement.

Recent advances in information and communication technologies have given rise to new possibilities with internet services that can benefit from the ‘live’ interactive communication that is increasingly available. The underlying technological advances include faster, higher capacity broadband and wireless communication networks, high definition video, and the ‘3G’ or third generation mobile networks and telephones. As a result of these developments, an increasing diversity of applications has become available using multiple media including text, graphics, audio and visual presentation.

The main technologies for delivering applications exploiting the infrastructure developments – mobile phones and computers – have converging functionality. Mobile phones are becoming more like small computers, able to connect to the internet, giving access to high quality colour graphic and video content, e-mail and websites adapted to small-screen applications. Computers with built-in or additional hardware such as web-cameras enable audio and video communications through links to other computers and mobile and landline telephones. Many applications using these technologies are in evidence on the internet and mobile phones. While functions are converging, their unique characteristics make it likely that each device will remain the primary tool for its purposes. Nevertheless, each offers increased options for delivering psychological services. While this document focuses on the more powerful computer-based applications, psychology service providers should recognise that the many benefits and challenges apply to both technologies.

Services delivered through the newer technologies are referred to here as ‘mediated services’. With the advent of faster high-capacity networks enabling near-instantaneous voice and video communication, the notion of ‘indirect’ services, as used in the earlier edition of this document, seems less apt a descriptor: provider or client experiences of the newer technologies are likely to be perceived as direct and immediate, even though both could be in localities hundreds if not thousands of miles apart in different time zones.

As the nature and scope of communication technologies and associated applications continue to advance, there are important ethical implications for the provision of mediated psychology services by members of the Society, complicated somewhat by recent changes in the Society’s role. This has involved moving from being a regulatory body to becoming primarily a membership organisation without a regulatory role for a substantial section of its membership. Professional regulation passed to the Health Professions Council (HPC) in July 2009. The HPC is a statutory body with its own ethical framework, *Standards of conduct, performance and ethics* (HPC, 2008) governing the delivery of psychology

services to the public and disciplinary processes for dealing with misconduct of those on its Register. Psychologists not in the HPC compass – teachers of psychology and researchers – wishing to exploit their respective educational or research material by offering mediated services, would need at this stage to work within the Society’s guidelines (BPS, 2009), and not those of the HPC, although they would undoubtedly benefit from studying the HPC standards.

Well before the recent infrastructure and other technological developments, individuals (including psychologists) and national and international organisations, exploited communication technologies for research and to deliver paid-for and free services in a wide range of areas. These include the provision of specialised information; training materials and courses; online psychological testing, scoring and reporting applications for occupational, educational, clinical and other purposes; client consultations; and psychological support, counselling and various forms of therapy for a range of conditions. Examples of already established applications are legion, including multimedia interactive self-help websites for mental health or other concerns (e.g. ‘Beating the Blues’ – see Link A below), with sites using facilities for e-mail exchanges, instant messaging (mobile phone and computer-based), and webcam interaction. Virtual worlds such as ‘Second Life’ (Link B) offer mental health resources and service information, and several organisations provide automated psychometric testing, report production and associated services. In part, the success of these resides in their considerable advantages: relevance, accessibility, immediacy, convenience and an increased sense of privacy and confidentiality, especially in circumstances where the client, for any of a variety of reasons, finds it difficult to cope with face-to-face interactions.

As the newer technologies with their increased capacity and functionality are further deployed, they will undoubtedly be exploited by psychologists (and many others), to expand the range of services offered to include live, near instantaneous audiovisual communication using high quality, private, interactive video. These tools provide enhanced opportunities for, among other things, direct consultations with individuals or groups at work, school or at home. Although there remain areas nationally and internationally where such communication facilities are not available or available in a reduced form only, these are diminishing, so that the geographical locus of service and client become increasingly irrelevant. Rather, the key constraints for an international provider and user base, apart from technological limitations, are primarily financial and political, with the impact of language barriers also diminishing as services become available in multiple languages, directly or through translation. The non-commercial UK-based mental health site Youth in Mind, for instance (Link C), offers free immediate text-based mental health screening, advice and service information for young people in eight countries (the UK, Republic of Ireland, the USA, Canada, Brazil, Norway, Australia and New Zealand) and five languages (English, French, Spanish, Portuguese and Norwegian). In the occupational sector, commercial companies offering personality and ability assessments provide a much wider reach and language diversity through their internet-exploiting services (see Link D). Applications in education are legion, spanning the spectrum of services (information giving, training, assessment, etc.), and multi-level, from early years to advanced post-graduate courses, many of which are free.

While recognising the diversity and benefits of mediated services provided by psychologists specifically, some of the focus here will inevitably be on the potential dangers that accompany their provision and the protections that need to be put in place to minimise risk to the public and to the psychologist provider. Unfortunately, as is increasingly well-known, the human ingenuity that has driven the development of innovative and beneficial services has also been deployed by others to exploit vulnerabilities in people and systems for nefarious ends.

This paper sets out some of the key issues that need to be addressed by psychologists providing or intending to provide mediated services. The issues identified and examples given are illustrative rather than comprehensive. These include ensuring the provision is ethically robust, and that the complexity and costs of establishing and maintaining such services are not underestimated. Some of these key issues are identified below. In addition, providers will also need to be guided by several other considerations, relevant to, but outside the scope of this document. These include the principles of good site design, the 'look', navigability and accessibility of the content, factors that could impact on the appeal and effectiveness of the services offered. Implicit in this is the need for on-going evaluation of the provision, a challenge that all service providers have to address.

Delivering mediated psychological services

Mediated services delivered through the internet or by other means are in no way different ethically to ordinary practice: all the normal considerations of the prevailing codes for professional practice apply. However, with the advent of new technologies and communication resources, particular demands are placed on the practitioner who wishes to offer mediated services. Developments such as video telephony and teleconferencing, the potential for rapid recording and widespread broadcast of material through a variety of internet sites and by other means, as well as the vulnerabilities of the systems to malicious access and practice, place additional requirements on service providers. For instance, mobile phones with video capture facilities can be used surreptitiously or openly to record and subsequently broadcast material that should be private and confidential. Familiarity with the potential benefits and limitations of these technological developments and the ways in which they can be compromised, as well as actions to ensure the reduction of risk, become integral to ethical practice. Further, as professional and technological developments continue, with the associated benefits and on-going threats, the practitioner must act to ensure that the services they offer are responsive both to the advances and challenges, and implement necessary changes in a timely manner. Providers also need sufficient understanding of the strengths and limitations of the forms of communication they use or intend using. For instance, some forms of mediated provision, particularly those not involving audiovisual interaction, deprive the provider of potentially important cues about characteristics of the interaction and the states of the client, which can mask risks or important behavioural characteristics that would otherwise be obvious.

Ensuring the identity and competence of the psychologist

A primary concern is that those offering services are who they say they are: someone entering a psychologist's office has various forms of evidence to conclude that the psychologist is genuine – the office is located within a hospital or an obvious business or educational setting. Such cues are unavailable to the client who has only the material on a website to inform them; even then, it is easy to simulate an official site, even those of large organisations. Further, bogus organisations offering services may be and have been created for malicious purposes. Hence, consideration needs to be given as to how professional identity and current competence to practise can be readily and reliably confirmed by the user.

For HPC registered psychologists, a status check in the *Register of Practitioners* held on the Health Professions Council website is one means. However, the HPC procedures for dealing with complaints can take some time to process. If a complaint has been made, public notice to that effect will only appear on the HPC website in a special area four weeks before a hearing, so that the register may not be a reliable guide under certain circumstances. Individuals who have been removed from the HPC register will automatically forfeit Society membership and be removed from Society directories. Again, there may be time delays before such actions appear in the public domain and not all Practitioner Psychologists will be Society members, and vice versa. Therefore, even explicit

statements on a website may not be a reliable current guide to the status of the psychologist. Access to mediated psychological services can come from a variety of sources, one of which may be the Society's directories. For those Society members on the HPC register, it is suggested that there should be guidance on the nature of HPC registration and explicit links to the register. For access through other routes, it is recommended that Society members place links and an explanation on service the homepage to enable users to check their Society status and, if appropriate, their entry on the HPC register.

Verifying the identity of users

A client on the internet obviously differs from a face-to-face client in a number of ways. Most importantly, the psychologist cannot readily establish that the client is who they say they are although, with interactive video (provided the client consents to such interactions), some of the more obvious inconsistencies will be apparent, such as a child attempting to pose as an adult. Deceptions are also more easily introduced if services are text-based, but even with live video, deceptions arising through identity theft may not be detectable, a problem for all services.

While certain security processes will aid verification, no single measure is likely to be sufficient of itself. A successful credit card transaction could support the identity of the client; procedures to validate an e-mail address are another example, although each is also open to misuse. Hence, the practitioner should remain vigilant for inconsistencies during their transactions with clients and adopt procedures that are proportionate in relation to the risks associated with the service.

There are services providing or hoping to provide online testing and its accompaniments, computer or mobile phone-based, and there are a number of obvious major benefits in doing so. There are also associated concerns, such as the verification of user identity and ensuring that it is the identified client responding to the test. Various services are already provided by test publishers and by individuals and other organisations, and there is a substantial research literature and body of good practice advice available for managing these (e.g. Bartram & Hambleton, 2005; Burke, 2006; 2009). Providers of test-related services should familiarise themselves with this material.

User anonymity

Some clients may wish to preserve anonymity but this may not be achievable, realistic or ethical. Each situation involving requests for anonymity must be considered on its merits and for the associated risks, bearing in mind the nature of the service. For instance, it may well be appropriate to offer general advice to an anonymous client on alcohol use, or on the suitability of a CV for a particular occupation or educational qualification. In contrast, individual details including a verified address and phone number could be required as a condition of service if the request is for a more individualised service, especially if the client is from a group in which risk of harm to self or others is possible. There should be clear provisions communicated to and agreed by the client for situations in which the risk becomes unsustainable. Such provision might include access details to specialist organisations such as Child Line or the Samaritans, or instructions to contact their General

Practitioner. It is nevertheless recognised that there may well be instances out of the control of the psychologist, for instance if suicidal intent emerges and the client is anonymous. In such circumstances, it is assumed that if reasonable steps have been taken, both in advance of and during the events, the practitioner would likely not be held liable although ultimately, such decisions will be in the hands of other agencies and cannot be predetermined.

Informed consent and capacity

Psychologists must understand the principles and, where appropriate, apply practices relevant to informed consent. With the anonymity that can accompany some mediated services, particular consideration must also be given to the capacity of clients, especially as computer sophistication is not restricted to adults. For instance, there may be issues regarding the capacity of minors to understand the ramifications of informed consent, despite their computer literacy.

Protection of transactions

Security of shared information over the web entails additional considerations to those encompassing information divulged in the consulting room or office. Psychologists should provide information to clients about security measures adopted, and the limitations of these for their sites. Measures might include services via secure servers for the site and ensuring that payments are also secure. In the latter case this usually involves an outside organisation and users would need to be informed that the company servicing financial transactions would know of their relationship with the service. Secure and regular back-ups, easily accessible in case of ‘disasters’, are essential in order to ensure that records of transactions are not permanently lost and are available when needed. Additionally, software must be consistently updated so as to remain secure, appropriate and accurate.

Personally identifiable information will need to be encrypted or made otherwise unavailable to outsiders. Unencrypted sites should offer only general information about services and not store personal data.

The use of other systems, for instance internet or mobile telephone calls and e-mails, may not have the levels of security of other forms of communication (for instance, encrypted electronic storage of therapy or consultation notes). Even secure information can be the subject of legal subpoena by the Courts and security services. Limitations on protection of confidentiality would normally form part of the terms and conditions of service communicated to the user (see below).

The provider will need to consider the impact of running workshops and giving presentations that are either done on a webinar (web-based seminar) type basis or recorded and then loaded up to a website. The issue of confidentiality for presentations using client case material will need to be carefully managed. Similarly, a mixed media transmission which may well involve an actual physical workshop being joined by ‘virtual’ participants requires a different level of contracting and awareness compared to either a virtual event, or a live workshop. In all these situations, the issue of content ‘leakage’, and hence potential breaches of confidentiality and copyright, acquire greater salience. This is

a consequence of the wide availability of camera-phones that can capture audio and video, and websites that store and broadcast such material, noted earlier. Specific provision for such eventualities needs to be made.

Data protection, record retention and user access to personal information

Psychologists keeping personal information should be aware of and implement the provisions of the Data Protection Act, including the requirement to register.

Records should be securely retained for a reasonable period or for a time dictated by statute, as in the case of healthcare records. Some records, for instance e-mails offering advice and support, as well as other transactions, will pose particular problems with regard to retention, partly because they may be distributed within the psychologist's e-mail system, rather than being kept in a specific file, as paper notes might be. Also, e-mail services tend to have different retention and archiving policies and systems. Consideration will therefore need to be given to separate archiving of service-related material.

In applications storing personal data, there may need to be provision for user rights of access to stored information. Users should be made aware of these in an unambiguous and accessible manner and their options for record deletion should be equally clear-cut.

Terms and conditions

Usually, much of the above will be in the terms and conditions covering use of the service. Each service will need to have its own terms and conditions, tailored to the type of service being offered, for instance in regard to data sharing, protection of confidentiality, copyright, liability and the like. The constituents of terms and conditions covering particular applications are probably best determined in consultation with legal specialists in the drafting of such provisions in relation to mediated provision. For illustrative purposes, see the example via [Link E](#), from a site that offers internet-based counselling and therapy services. As with most such documents, the detail can be overwhelming and off-putting for most users. Consideration should therefore be given to providing the user with a plainly written summary of the key points with links to the appropriate sections in the major statement.

Delivering the service

It should be made clear that the site is controlled and run by a human being, if this is the case. Where the service is automated, there should be provision for contacting someone with responsibility for overseeing the site, particularly in case of emergency.

If sites are offering automated services, for example online testing, then this, with its limitations, should be made explicit, as should the process used for scoring, interpretation and reporting. There should also be specific information about contacting the provider if the service normally uses an automated e-mail reply system with no facility for responding via that address.

If appropriate, attention should be drawn to the possibility of communication being

asynchronous. Websites offering services should be explicit as to whether this will be in 'real time' via interactive facilities such as voice or instant messaging or via exchange of e-mail.

It should be made clear how fast clients will be dealt with and by what means. If problems are being addressed by exchange of e-mail then clients should know how long this would take.

Diversity

It is important for psychologists considering the provision of services to take account of national ethnic diversity and ensure that, wherever feasible, individuals from the smaller ethnic communities are equally able to benefit from these services.

Cross-border provision

Face-to-face psychological services are customarily provided within one country. Those with experience of providing services to visitors will be acutely aware of misunderstandings that can arise because of cultural and language differences. National boundaries largely disappear on the web and it would be relatively easy for psychologists to offer services, free or paid-for, to people resident outside the UK or the European Union. Such users may find themselves at a disadvantage: for instance, they may not be able to sue the psychologist in their own country. The management of client risk, constraints on confidentiality, and the establishment of user identity, are among the other issues that need to be specifically addressed in these circumstances, as the prevailing legal and other frameworks may differ from those in the host country.

Quality control

All services should include facilities for freeform and/or structured feedback on the key aspects of the service.

Evidence-based services

As in other forms of practice, internet provision should wherever relevant be evidence-based. Further, the practitioner must maintain an informed stance, specifically in relation to the literature on mediated services and any evidence relating to the specific service on offer. Updating of the service should occur as dictated by the evidence. Clients should also be appraised of the evidential base relating to the service on offer, normally as part of the informed consent process.

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