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Online therapy: implications for problem gamblers and clinicians

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ABSTRACT *It is clear that clinicians working in the field of problem gambling cannot afford to ignore the Internet. Psychological advice, help and treatment for gamblers are no exceptions with both counselling and psychotherapy entering the computer age. Such help comes under a variety of guises including Internet counselling, online therapy, webcounselling, cybertherapy, E-therapy, and cybercounselling (all on this partial list tend to get used interchangeably). Although there is no official description of how to define this activity, a common component of all these methods is that people logging into these Internet services are receiving psychological advice and/or 'treatment' at hundreds of websites. Predictably, the subject of Internet counselling is causing wide debate (especially on the Internet itself!). This paper overviews the main issues in the area and briefly examines 'telehealth', online therapy (and the various types currently available), the relative advantages and disadvantages of online therapy, and the implications for the treatment of problem gamblers. The authors approach this discussion acknowledging that online therapy has to be incorporated within the overall framework of the need for clinical assistance.*

Telehealth: a brief overview

Telehealth has been defined as health services in which health-care professionals and their clients use interactive, real-time communication media to connect across distances (Williams, 2000). Included in this definition are media such as Internet chat rooms, video and audio-only transmissions via the Internet, closed circuit television and telephone. Types of media that are technically excluded include e-mail and fax as they are not truly interactive or in real-time (although this paper will also examine these forms of interaction as they are clearly types of 'online therapy').

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Research carried out by the American Psychological Association Research Office (1999) reported that licensed psychologists still favour the telephone over the Internet and less traditional media to provide telehealth services to patients. Over 80% favoured the telephone, whereas only 3% of psychologists provided services using the Internet. According to Williams (2000), there are several professional and logistical problems at the heart of the low use of the Internet by psychologists in providing telehealth services. These are:

1. telehealth is not a standard part of the curricula in graduate psychology programmes in training clinicians to use this form of service delivery;
2. advanced technologies are not yet common items in practitioners' offices or clients' households; and
3. legal and ethical issues may cause clinicians to shy away from newer technologies (e.g. the level of confidentiality).

Most therapists and academics remain suspect about the new and growing field of 'behavioural telehealth'. For instance, Tentoni (as quoted in Segall, 2000) claimed that Internet therapy is an oxymoron because psychotherapy is based upon both verbal and non-verbal communication. However, it should perhaps be noted that while most online practitioners are careful to call themselves 'counsellors' or 'advice givers' rather than 'therapists', there is a lack of consensus regarding lexicon in this regard (Powell, 1998).

It could be argued that since online relationships are just as real and intense as those in the face-to-face world (see, for example, Parks & Floyd, 1996), there is little surprise that clinicians are beginning to establish online therapeutic relationships. Others may argue that the time has come to embrace the new technology and to carry out research into this potentially innovative form of therapy. Some have pointed out that there is an absence of evidence that giving interpersonal or dynamic psychotherapy over the Internet is effective. Critics are quick to point out that there is no good evidence that it does not! Indeed, given the paucity of empirical research comparing face-to-face versus Internet-based interventions, one might ask how it is that some have concluded the former to be superior to the latter.

To date there have been a growing number of non-empirical papers about various issues concerning online therapy including challenges and initiatives in this growing field (Sanders & Rosenfield, 1998), ethical issues (Bloom, 1998), mediation of guidance and counselling using new technologies (Tait, 1999), and perspectives on family counselling (King *et al*., 1998; Oravec, 2000). There have also been a growing number of empirical reports utilising online therapy. These include its use in treating anxiety and panic disorders (Cohen & Kerr, 1998; Klein & Richards, 2001), eating disorders (Celio *et al*., 2000; Robinson & Serfaty, 2001; Tate *et al*., 2001; Zabinski *et al*., 2001), post-traumatic stress disorder (Lange *et al*., 2000), and individuals with recurrent headaches (Stroem *et al*., 2000). Every one of these empirical studies showed significant improvements for those treated using online therapy.

Problem gambling: a brief overview

Gambling has not been traditionally viewed as a public health matter and research into the health, social and economic impacts of gambling are still at an early stage (Griffiths, 2001a). However, the first UK national prevalence study recently reported that around 1% of the adult population has a gambling problem (Sproston *et al*., 2000), with adolescents experiencing even greater problems (Griffiths & Wood, 2000). It is clear that the social and health costs of problem gambling are large on both an individual and societal level. Personal costs can include irritability, extreme moodiness, problems with personal relationships (including divorce), absenteeism from work, family neglect, and bankruptcy. There can also be adverse health consequences for both the gambler and their partner including depression, insomnia, intestinal disorders, migraines, and other stress-related disorders (Griffiths, 2001a).

Problem gambling is very much the 'hidden' addiction. Unlike (say) alcoholism, there is no slurred speech and no stumbling into work. Furthermore, overt signs of problems often do not occur until late in the problem gambler's career. When it is considered that problem gambling can be an addiction that can destroy families and have medical consequences, it becomes clear that health professionals should be aware of the effects of gambling in just the same way as they are with other potentially addictive activities like drinking (alcohol) and smoking (nicotine). There is no doubt that opportunities to gamble will increase in the UK as a result of the UK Government's recent deregulation measures. Furthermore, increased accessibility will almost certainly lead to increased gambling problems and lead to an upsurge in need for gambling treatment services. We believe that problem gambling will become one of the fastest growing areas for psychological help over the next decade. Online therapy is one of many treatment options that problem gamblers may prefer.

Online therapy and problem gambling

"A 35-year-old man comes home very late from a night out at the casino having lost all his savings at the roulette wheel. Unable to sleep, he logs onto the Internet and locates a self-help site for problem gambling and fills out a 20-item gambling checklist. Within a few hours he receives an e-mail which suggests he may have an undiagnosed gambling disorder. He is invited to revisit the site to learn more about his possible gambling disorder, seek further advice from an online gambling counsellor and join an online gambling self-help group".

On initial examination, this fictitious scenario appears of little concern until a number of questions raise serious concerns (Rabasca, 2000a). For instance, who scored the gambling test? Who will monitor the gambling self-help group? Who will give online counselling advice for the gambling problem? Does the counsellor have legitimate qualifications and experience regarding gambling problems? Who sponsors the gambling website? What influence do the sponsors have over content of the site? Do the sponsors have access to visitor data collected by the website? These are all questions that may not be raised by a problem gambler in crisis seeking

help but they are important questions that require answers. Of course, these are also questions which should apply to any comparable face-to-face interventions.

The Internet could be viewed as just a further extension of technology being used to transmit and receive communications between the helper and the helped. If gambling practitioners shun the new technologies, others who might have questionable ethics will likely come in to fill the clinical vacuum. Online therapy is growing and appears to be growing at exponential rates (Segall, 2000). Furthermore, its growth appears to outstrip any efforts to organise, limit and regulate it. It has been claimed that online therapy is a viable alternative source of help when traditional psychotherapy is not accessible. Proponents claim it is effective, private and conducted by skilled, qualified, ethical professionals (King *et al*., 1998). It is further claimed that for some people, it is the only way they either can or will get help (from professional therapists and/or self-help groups).

The roots of online therapy most probably lie in the many discussion groups that have formed on the Internet. Mailing lists, newsgroups, bulletin boards and forums have always been popular with those requiring advice because there is always someone online who has BTDT ('been there, done that'!). There is no form of grief that cannot be encountered on the Internet. People have offered each other electronic support ever since the Internet was formed and bulletin boards became popular forums (Rheingold, 1993). These public discussion groups on the Internet have taken on all guises including forums and support groups for survivors of rape and/or sexual abuse, those suffering from a variety of addictions and those with congenital diseases and disorders (see Ferguson, 1996, for an overview of the types of disorders treated online).

E-mail can be received and responded to either immediately (for example, in real-time) or it can be stored as an archive and responded to at the convenience of the user (known as asynchronous time; Lago, 1996). According to the Alberta Alcohol and Drug Abuse Commission (1999), the most popular form of online therapy occurs by e-mail. If counsellors use text-based chat rooms, it allows some sort of conversation in real-time and provides almost immediate feedback (albeit by typing rather than talking to each other). Cyberspace counselling sessions have no physical location but are entirely real in that they involve the text-based interaction between two people. Using a chat room requires a chat software program (such as Microsoft Chat or mIRC) which can easily be downloaded from the Internet. Chatting in this way allows real-time conversations (utilising print, audio and/or video formats depending on the hardware and software one has) with other people who are sitting at their computers.

Types of 'online therapy'

There appear to be three main types of website where psychological help is provided—information and advice sites, websites of traditional helping agencies and individual therapists (see Griffiths, 2001b) although in this paper sites will be categorised in terms of their primary function. That is: (1) information dissemina-

TABLE 1. Examples of online problem gambling help according to function/origin

Type of websites according to their function	Type of website by sponsor type		
	Individual practitioners/peer webmasters	Private for-profit companies/ organisations	Not-for-profit health/educational/ research organisations
Information Dissemination (education, consciousness raising)	http://www.problemgambling.ca	http://www.vivaconsulting.com/main.html	http://www.ccsa.ca/gambcont.htm
	http://members.delphi.com/horvat1/	http://www.problemgambling.com	http://www.ncrg.org/
	http://www.telusplanet.net/public/gibson/hype.htm	http://www.geminiresearch.com/cnt_home.html	http://www.responsiblegambling.org/
		http://ontariocasino.ca/opening.html	http://www.thewager.org/current.htm
		http://www.wynne.com/	http://www.ncpgambling.org/
			http://aigr.uws.edu.au/default.htm
			http://www.gamcare.org.uk/
			http://www.easg.org/
			http://www.gamblingproblem.org/
Peer-delivered therapeutic/support/advice	http://www.gamblersanonymous.org/	http://soberrecovery.com/[a]	
	http://www.teleport.com/ ~ catchwrd/GAweb/aol.htm		
	http://femalegamblers.org/		
	http://jillslittlecorner.homestead.com/		
Professionally-delivered treatment	http://www.counselingweb.com/[a]	http://www.trimeridian.com	http://www.g-line.org.au/
	http://www.twilightbridge.com/[a]	http://www.bellwood.ca/pages/index1.htm	http://www.gamblingproblem.co.nz/
	http://www.onlinecounsellingandtherapy.com/[a]	http://www.gamblingtoomuch.com	http://cybercounsel.uncg.edu/[a]
	http://adeptvision.com/iraniancounselling/index.html[a]		http://www.laprobgam.org/core.html

[a] These sites do not necessarily specialise in problem gambling issues.

Note: All websites listed were correct at the time of writing. However, some may become non-functional over time.

tion, (2) peer-delivered therapeutic/support/advice (such as a self-help support group) and (3) professionally delivered treatment (see Table 1). Psychological services provided on the Internet range from basic information sites about specific disorders, to self-help sites that assess a person's problem, to comprehensive psychotherapy services offering assessment, diagnosis and intervention (Rabasca, 2000a). Most experts agree that online therapy currently available is not traditional psychotherapy. For many, it appears to be an alternative for those who are either unable or reluctant to seek face-to-face treatment. These different types of service delivery are briefly examined in more detail below.

Information dissemination

These are sites mainly dedicated to educational and consciousness-raising issues. They are often in the form of WebPages which provide easily understandable pieces of helpful information on a range of disorders, self-help checklists, and links to other helpful websites. There appear to be numerous places to get information about gambling and gambling-related problems. Quality information websites are hosted by a variety of sources including individuals who serve as their own 'webmaster' to not-for-profit organisations to private companies. Some of the many information sites which can be easily found on the Internet are listed in the top row of Table 1.

Peer-delivered therapeutic support and advice

These sites are often set up by traditional helping agencies that have expanded their services to include an online option for clients, but there appear to be few public examples of this specifically with regard to problem gambling. Typically, this is done by e-mail and is usually free of charge (for example, the Samaritans). Other examples include various 12-Step groups who meet online.

Many online therapy services are available for those suffering almost any kind of addiction. In the world of online therapy a person can be alone in their living room while they attend an AA meeting joined by a couple of dozen people from various countries, or be visiting an Internet counsellor in the United States without having left their home in Australia. There are a number of 12-Step groups that meet regularly in this way and they are often open for 24 hours a day. There are a number of very good reasons why the Internet is an excellent medium for most forms of self-help. For instance, research has consistently shown that the Internet has a disinhibiting effect on users and reduces social desirability, i.e. users do not alter their responses in order to appear more socially desirable (Joinson, 1998). This may lead to increased levels of honesty and, therefore, higher validity in the case of self-disclosure (Cooper, 2001a). As well as disinhibition effects, the Internet is a non-face-to-face environment which is perceived by many users to be anonymous and non-threatening. The Internet may, as a consequence, provide access to 'socially unskilled' individuals who may not have sought help if it were not for the online nature of the self-help group. The only situation where there may be some conflict of

interest concerns those who may be vulnerable to spending too much time online (some, like Young, 1998, have used the term 'Internet addiction' in this regard; see also: http://netaddiction.com). For such people, this may seem analogous to holding an Alcoholics Anonymous meeting in the pub or a Gamblers Anonymous meeting in a casino!

There are also generalist type services (usually e-mail only) in which people usually require a one-off piece of advice from someone who may have no psychological training. These services are usually (but not always) free of charge and may be part of an online magazine. It is highly unlikely that the sort of general advice given at these sites will be of much help to problem gamblers as their problem is, by its nature, very specific. The most they would probably get is an onward referral to a face-to-face self-help group such as GA. This is somewhat different from online peer-support groups who meet either in an asynchronous (letters sequentially posted to an electronic discussion list/bulletin board in the order they are received by the webmaster) or synchronous (in real-time as with live chat rooms) manner. Early evidence suggests that at least with asynchronous formats, the quality of information and support rendered is of high quality (Cooper, 2001a; Ferguson, 2000).

Professionally delivered treatment

These sites are becoming more and more abundant and can be set up by individual counsellors and/or psychotherapists. They usually operate in one of two ways—either by written answers to e-mail inquiries or a real-time conversation in an Internet 'chat room'.

An obvious question to ask is why do people engage in online therapy? In comparison with other media (face-to-face, telephone), the Internet offers perceived anonymity and people can use e-mail addresses which are very difficult if not impossible to trace back to the user. However, some benefit may simply be the outpouring of written emotions which might equally be achieved by handwriting an unseen missive. Professionally delivered treatment mainly seems to be available from individual practitioners' websites. There are a few examples of not-for-profit organisations beginning to offer these types of services. Thus far, for-profit companies appear to primarily use the Internet for information dissemination and for promoting their face-to-face services.

It is becoming clear that anybody can host a website: from the neophyte to computer expert, from the individual in recovery to large organisations. Increasingly, many consumer-authored sites are very credible in terms of their content and professional looking in terms of their appearance. Of course, the skill needed is to be able to tell when inaccurate (or even potentially harmful) information is being made available. Clearly, discerning what is appropriate or inappropriate is much more challenging to do when a recipient of information, advice or counselling is receiving such privately. However, this can also be said of a face-to-face service too. There are numerous instances of inappropriate information being given by professionals/peers and numerous improprieties. Many jurisdictions do not have quality assurance

mechanisms in place to ensure that those indicating a certain level of competency are indeed practising at that level.

It is clear that many therapists have now set up their own Internet sites to deliver behavioural services, although the number of sites that specialise in gambling problems appears to be small. Internet searches by the authors to various help-oriented and problem gambling specific sites and search engines indicate very few services providing online psychotherapy specific to gambling problems. The kinds of services offered vary in type and expense. They can include 'ask five questions for free'-type sites, therapists moderating a group chat online, e-mail correspondence, private instant messaging, or video-conferencing (see Table 2).

What are the advantages of online therapy?

There have been many reasons put forward as to why online assistance is advantageous. There is no reason to suspect that online 'treatment' of gambling problems would be any different. Here are the main advantages.

Online therapy is convenient

Online therapy is convenient to deliver, and can provide a way to seek instant advice or get quick and discreet information. In the case of counselling by e-mail, one needs to keep in mind that therapy *per se* can occur either via professionally delivered formats or via peer-delivered self-help groups. In addition, the counselling might not necessarily be restricted to e-mail; some might augment face-to-face counselling with e-mail 'booster' sessions. In this way, correspondence happens at the convenience of both the client and the counsellor. Online therapy avoids the need for scheduling and the setting of appointments, although for those who want them, appointments can be scheduled over a potential 24-hour period. For problem gamblers who might have a sense of increased risk or vulnerability, they can take immediate action via online interventions, as these are available on demand and at any time. Crisis workers often report that personal crises occur beyond normal office hours, making it difficult for people to obtain help from mental health clinicians and the like. If a problem gambler has lost track of time at the casino only to depart depressed, broke, and suicidal at 4am in the morning, they can perhaps reach someone at that hour who will be understanding, empathic and knowledgeable. They likely have a better chance of finding someone at an online peer-support site like GAweb (http://www.teleport.-com/ ~ catchwrd/GAweb/aol.html) than they would at their local mental health centre.

Online therapy is cost-effective for clients

Compared with traditional face-to-face therapies, online therapy is cheaper. This is a big selling point often used by those selling their services online (for instance, some

TABLE 2. Types of online counselling service sites (adapted and expanded from Connall, 2000)

'Ask-a-question'
This is basically where a person will write to a counsellor with a specific problem and will then receive a customised answer.

Positive	*Negative*
This is good if there is a well-defined problem that is succinct and to the point.	It is bad if the nature of the problem is very complex and has occurred over a protracted period of time.

Ongoing private chat
This is basically where a client 'chats' with a counsellor through the use of an instant messaging system (usually for a pre-defined period such as an hour).

Positive	*Negative*
This is more likely to be beneficial if the issues are non-traumatic (relationship issues, job stress) and the client enjoys writing.	This is unlikely to be of much benefit if the person is suffering from a severe or chronic problem (depression, addictions of various kinds, trauma) as body language and facial cues can be critical for the counsellor to do an effective job.

Via e-mail
This is basically where the client corresponds with the counsellor using e-mail messages.

Positive	*Negative*
This can be of benefit if the client wants to 'unload' at any time. It can also be used as an adjunct to traditional therapy in which the client and the counsellor can maintain contact long after the end of the formal session.	This method is unlikely to be of benefit if the client does not like writing about their problems at length.

Support groups with a counsellor
This is basically where people can go to designated 'chat rooms' and talk with other like-minded individuals about their problems in a supportive online environment. These discussions are usually overseen and facilitated by professionals.

Positive	*Negative*
If a person feels alone with a problem, sharing the problem in a group setting can be a liberating experience. The person can benefit from immediate feedback from other group members in a non-threatening (i.e. non-face-to-face) environment. This is also very advantageous to those without access to fellow sufferers.	Online support groups raise many ethical and legal issues as anyone logging on (e.g. minors) can log on and lie about their situation, age and/or identity.

Video-conferencing
As with face-to-face private sessions, the client will 'meet' with the counsellor for designated periods of time and see and hear each other through cameras.

Positive	*Negative*
This is beneficial if a person wants the counsellor to be able to fully evaluate them.	Despite visual presence, the visual presentation can still be poor (although this is getting better all the time).

sites advertise their online services as 'less than the customary cost of a private therapy session' or 'help and therapy at a reasonable fee'). This is obviously an advantage to those who may have low financial resources. It may also allow practitioners to provide services to more clients because less time is spent travelling to see them. Since there are financial consequences for a gambler, cheaper forms of therapy such as online therapy may be a preferred option out of necessity rather than choice. The cost factor is particularly important in countries where people are often forced to pay for health care (for example, in the United States). With the Internet, quality information and support (even if treatment is not yet freely available online) are available without cost. Arguably, one needs Internet access, but this too is becoming more freely available, and conceivably, even those who are homeless would be able to utilise such services through places like public libraries (although, literacy would continue to be an important requirement).

Online therapy overcomes barriers that otherwise may prevent people from seeking face-to-face help

There are many different groups of people who might benefit from online therapy. For example, those who are (i) physically disabled, (ii) agoraphobic, (iii) geographically isolated and/or do not have access to a nearby therapist (military personnel, prison inmates, housebound individuals, etc.), (iv) linguistically isolated, and (v) embarrassed, anxious and/or too nervous to talk about their problems face-to-face with someone, and/or those who have never been to a therapist before might benefit from online therapy. Some like those with agoraphobia and/or the geographically isolated might be more susceptible to activities like online gambling because they either tend not to leave home much or they do not have access to more traditional gambling facilities (like casinos, bingo halls, racetracks and so forth). It is clear that those that are most in need of help (whether it is for mental health problems—Regier *et al*., 1993; US Department of Health and Human Services, 1999—substance abuse—Ogborne & Dewitt, 1999; Sobell *et al*., 2000—or problem gambling—National Gambling Impact Study Commission, 1999) often do not receive it.

Online therapy helps to overcome social stigma

The social stigma of seeing a therapist can be the source of profound anxiety for some people. However, online psychotherapists offer clients a degree of anonymity that reduces the potential stigma. Gambling may be particularly stigmatic for some because they may find it is a self-initiated problem. Others have found that the issue of stigma has caused some problem gamblers to avoid seeking treatment (Hodgins & El-Guebaly, 2000; Marotta, 2000). Furthermore, in an exploratory study, Cooper (2001a) found that there was a correlation between higher levels of concerns about stigma and the absence of treatment utilisation, and that lurking (i.e. visiting but not registering presence to other users) at a problem gambling support group website made it easier for many to seek help including face-to-face help. It should also be

noted that there is strong emerging evidence for the power and effectiveness of narrative therapies (Murphy & Mitchell, 1998). For example, there is some evidence to suggest that a person's use of positive emotion words in their written articulations of difficult or problematic experiences lead to improved health changes (Pennebaker & Francis, 1996).

Online therapy allows therapists to reach an exponential amount of people

Given the truly international cross-border nature of the Internet, therapists have a potential global clientele. Furthermore, gambling itself has been described as the 'international language' and has spread almost everywhere within international arenas.

It would appear that in some situations, online therapy can be helpful—at least to some specific sub-groups of society, some of which may include problem gamblers. Furthermore, online therapists will argue that there are responsible, competent, ethical mental health professionals forming effective helping relationships via the Internet, and that these relationships help and heal. However, online therapy is not appropriate for everyone. As with any new frontier, there are some issues to consider before trying it. The next section briefly looks at some of the criticisms of online therapy. Again, there is no reason to suspect that any of these would not also apply to problem gamblers.

What are the disadvantages of online therapy?

The growth of online therapy is not without its critics. The main criticisms that have been levelled against online therapy include the following.

Legal and ethical considerations

As Internet counselling services grow, attention will have to be focused on the specialist construction of a legal and ethical code for this type of work. Cyberspace transcends state and international borders, therefore, there are many legal and regulatory concerns. For example, client/doctor confidentiality regulations differ from one jurisdiction to another. It may not be legal for a clinician to provide chat-room services to patients who are in a jurisdiction in which the clinician is not licensed. Furthermore, some patients may be excluded from telehealth services because they lack the financial resources to access the Internet. One potential ethical and legal dilemma is the extent to which service quality can be ensured. It is possible that individuals who register to provide counselling services online do not have the qualifications and skills they advertise. They may not even be licensed to practice. There are also issues regarding the conduct of practitioners engaged in all forms of telecommunication therapy. For example: issues of informed consent, the security of

electronic medical records, electronic claims submissions and so forth (Foxhall, 2000).

To help consumers decide which text-based sites may be used in reasonable safety, the British Association for Counselling and Psychotherapy (BACP) recently issued (June 2001) a detailed set of guidelines on therapy via the Internet (Goss *et al*., 2001). Despite widespread public interest in online therapy, the authors cautioned that no vetting authority has the resources to check out the Internet sites already in existence let alone new ones. The authors claimed that the biggest single problem with the Internet is in sorting out the good sites from the less good ones. Therapy provided over the Internet holds promise but there is a need to check that it works and see to it that, if it is done then it is done well. Underlying the BACP guidelines were two key messages applicable to all forms of counselling: (i) the therapist must be trained, supervised and accountable with qualifications that can be checked against a list held by a mainstream organisation such as BACP, and (ii) the nature of the contract between client and practitioner must be spelled out so clients understand the boundaries of what they are receiving for what they are paying.

Effectiveness of online therapy

There have been too few evaluation studies that have examined whether online therapy is an effective treatment approach. Perhaps this is not surprising since this is still a fairly new medium for utilising help. However, there is some encouraging evidence. Zimmerman (1987) compared an online support group with small face-to-face groups of emotionally disturbed adolescents. He found that the online support group resulted in a greater expression of feelings and more frequent references to interpersonal issues than in the face-to-face group. A total of 18 adolescents (61% male) ranging in age from 13 to 20 years were involved in a several months long computer project where they learned basic skills and later became involved with a closed (in house) discussion group with no constraints on their language or content. Zimmerman concluded that CMC may represent a new resource for eliciting emotionally rich, relationship-oriented verbal interaction among emotionally disturbed adolescents. With specific regard to problem gambling, Cooper (2001a) reported that about 70% spoke of how they benefited from their exposure to and involvement with GAweb, an online peer-support group. Still, a strong empirical basis of support is lacking at the current time.

Confidentiality

Online therapy may compromise privacy and confidentiality, particularly if a skilled computer 'hacker' is determined to locate information about a particular individual. There is also some evidence that as more personal information is required of counselling sites online, the attractiveness of these sites is reduced; further, that most still prefer face-to-face counselling services (Barthelmeus, 1999). On the other hand, one of the things that the Internet is especially helpful with is its ability to afford the

consumer the control over self-disclosure (see the discussion of the Pathways Disclosure Model in Cooper, 2001a). In this way, individuals may overestimate the degree to which their information is safe and secure from computer hackers.

Encryption

No online therapist can confidently promise client confidentiality given the limitations of the medium. That being said, there are some sites that now offer secure messaging systems which offer the same level of protection as banking institutions. To protect confidentiality, care will have to be taken to prevent inappropriate and deliberate hacking into counselling sessions on the Internet. There will need to be a continuous upgrading of technology to stay ahead of hackers' ability to breach security.

Technological failures

Particularly in remote areas, transmission may be less than perfect and there is always the problem of temporary service disruption from the Internet service provider (ISP or 'server') and other associated problems that come from use of a networked computer. In fact, some more rural/remote communities have yet to become connected to the Internet, although this is quickly changing. For example, in Canada it was recently found that fully 45% of Canadian Internet users reported that they were from rural areas. Provincially, there are also some large differences of connectivity: 43% of Newfoundlanders versus 61% of British Columbians aged 15+ connected to the Internet in 2000 (Brethour, 2001).

Complicated payment structures

Given the cross-national nature of the Internet, there may be complicated pay structures for clients to overcome when selecting a therapist. While universally-accepted credit cards (like VISA) might actually make payment easier (since one can use their credit card online and the credit card company will automatically calculate the currency exchange for the transaction), one may not immediately understand how much the online counselling has cost in their own currency. They may not know this until their credit card invoice arrives at a later date.

Cost-effectiveness to the therapist

For the therapist, there is the problem that online counselling can be as time consuming as face-to-face therapy with substantially less financial remuneration. In one of the first studies to examine practice characteristics of professional online therapists, Powell (1998) stated that office visits with mental health professionals can cost as much as $140 while fees for Internet providers average $20 per inquiry

(paragraph 5). Powell's innovative study of 13 practitioners found that indeed there were wide variations in how fees were established. The average fee ranged from $10 to $20 for an e-mail response and this was typically associated with about 15 minutes of the professional's time. More skilful clinicians may thus avoid providing their service online simply because it does not pay them enough money.

Identity problems

One of the major potential problems is that online clients may not be who they say they are, i.e. counsellors may not always know the true identity of their online clients (although identity is an issue only applicable to those services that are not anonymous). This is clearly a major issue since some assumptions (rightly or wrongly) are made by the clinician depending on what the client presents (including age and other demographics). However, to some extent, these issues also apply to telephone and face-to-face counselling as the therapist has to accept what is said at face value. Additionally, some might argue that merely responding to the words that a client chooses to use necessitates more focus on the part of the therapist. As a result, this may lead to a more democratic counselling environment. In other words, the role of therapist and client becomes more equal in this situation. Some therapists may have difficulty adapting to these new roles.

Severity of client problems

Some clients' problems may be just too severe to be dealt with over the Internet. To some extent, there can always be contingencies, but because people can come from anywhere in the world and have a multitude of circumstances, online clinicians may be hard-pressed to meet everyone's needs. It is important to acknowledge that this is not a panacea; that online help will not solve everybody's problems (to be sure, those who are illiterate will likely have a difficult time of it without some additional support nearby). On the other hand, it is likely to go a long way in helping a great many more people than otherwise would have been the case.

Client referral problems

One obvious difficulty for the counsellor is how to go about making a referral for someone in a faraway town or another country. Once again, one would need to establish basic contingencies. Over time, it could be expected there would be many more international–regional clearinghouses regarding where to get immediate assistance, but to date it is very difficult to know what services are available for many parts of the world.

Establishing client rapport

It could perhaps be argued that there might be difficulty in establishing rapport with someone that the therapist has never seen. This is an interesting area where clearly more information is needed. One might also argue that because the client is in a more equal relationship with the therapist, they will feel more comfort. That is, since the client controls all of the personal disclosure levers (Cooper, 2001a), rapport might be established much more easily.

No face-to-face contact

Online therapy leads to a loss of non-verbal communication cues such as particular body language, voice volume and tone of voice. Furthermore, the lack of face-to-face interaction between client and therapist could result in a wrong referral or diagnosis. What is known about online communication where cues are filtered out ('narrow bandwidth' as termed by Parks & Floyd, 1996) is that it typically takes more work to accomplish a task where more than one person is involved. It may be the case that with time and experience, therapists who work online will develop skills which will help them compensate for the absence of visual cues. For example, they might become much more skilled and precise with the words they choose to use.

Incomplete information

The written information provided in online therapy may be incomplete. Online therapy (via e-mail) may not allow the opportunity for immediate follow-up questions. Making a provisional recommendation or diagnosis is fraught with potential problems. For instance, a client may describe problems which are symptomatic of other more serious underlying disorders. However, diagnostic processes are quite heterogeneous practices even in face-to-face settings. Diagnoses are often provisional and therapists usually require more information to validate initial observations. In fact, clinicians might have better access to their clients through e-mail than trying to track them down face-to-face or exchanging telephone answer messages, should they need further information. Still, the information derived from clients in online formats may be unverifiable, more so than in face-to-face contexts.

Loss of therapist contact

Although perhaps more of a possibility, therapists can just 'disappear' only to re-emerge weeks later saying that their server failed and/or leave a client mid-therapy with little that the client can do about it. The same problem could occur with some clinicians in face-to-face settings although being online may be more of a problem in finding out what has happened.

Commercial exploitation

Consumers theoretically are not always as anonymous as they might think when they visit health sites because some sites share visitors' personal health information with advertisers and business partners without consumers' knowledge or permission (Rabasca, 2000b). Some sites allow third-party advertisers to collect visitors' personal information without disclosing this practice. As a result, visitors often get e-mails from advertisers about their products and services. Information can be collected during a variety of tasks including the visiting of chat rooms and bulletin boards, searching for information, subscribing to electronic newsletters, e-mailing articles to friends or filling out health-assessment forms. This allows third parties to build detailed, personally identified profiles of individuals' health conditions and patterns of Internet use. In relation to gamblers, this is a real issue. By virtue of posting to places such as GAweb with an accurate e-mail address shown, online casinos have the potential to collect such information in order to later send junk e-mail (known as 'spams') promoting their casino websites. Other questionable marketing practices by online casinos have also been outlined (see Cooper & Doucet, 2001).

Emergency situations

Being online and geographically distant has the potential to cause problems in an acute situation. For instance, if a clinician does not know where a patient lives or can be located, they cannot call for help in the case of an emergency such as a suicidal threat (Foxhall, 2000).

Convenience

Although convenience was outlined as an advantage in the previous section, it can also have a downside. For instance, it may mean that the client is less likely to draw on their own existing coping strategies and use the online therapist as a convenient crutch (something which is actively discouraged in face-to-face therapy).

The monitoring of online therapeutic services

Online therapy is clearly not for everyone and those participating should at the very least be comfortable expressing themselves through the written word. In an ideal world, it would not be necessary for those in serious crisis—some of whom could be problem gamblers (where non-verbal cues are vital)—to need to use computer-mediated communication-based forms of help. However, because of the Internet's immediacy, if this kind of therapeutic help is the only avenue available to individuals and/or the only thing they are comfortable using, then it is almost bound to be used by those with serious crises. Furthermore, there is still little empirical support that face-to-face help is superior to virtual help. There is no particular group that

monitors the entire Internet so it is hard for consumers to make an informed choice about which counselling and psychotherapy services are reputable. However, word of mouth-type information on the Internet is very prolific and frequently quite helpful. It is interesting how quickly consumers who are very informed identify misinformation. However, given the potential downsides of online therapy, there are a few websites that will research the background of anyone claiming to be an online therapist (e.g. http://www.metanoia.org, www.here2listen.com).

These sites have taken a consumer action approach to dealing with the uncertainties of Internet counselling by providing lists of Internet counsellors whose qualifications and credentials have been verified. These sites also provide a thorough discussion of the issues around Internet counselling as well as a description and evaluation of sites. However, one major downside is that these services generally do not extend to checking the credentials and qualifications of those outside the United States. They do, however, provide help in a number of areas including how a person can:

- decide whether online counselling is the right option for themselves
- protect themselves from unqualified frauds
- evaluate therapists and choose a good one for themselves
- make sure they are getting their money's worth
- make sure their online counselling is private

These websites also provide information about issues and challenges in online counselling (for instance: is this therapy? is it ethical? is it confidential? what are the legalities involved? is it effective? See Tables 3 and 4 for guidelines on selecting an Internet counsellor).

One should be clear that these same issues can and do apply to face-to-face situations. It is probably true to say that most people in the helping professions know of some peers who are suspect in terms of their practice behaviour—even if their credentials are impeccable. For example, in a number of countries there is a huge and ongoing controversy about people who have been in positions of authority who have abused their power (such as some members of the clergy who physically and sexually assaulted children in government-run orphanages). These do not appear to be isolated events. It is acknowledged that there are no guarantees with face-to-face clinicians either. As a consequence, online therapy might better protect some individuals who have previously had their confidence in helpers shattered when they have been victims of unprofessional conduct.

Online therapy: future directions

The problem with online therapy is that there are so many different types and much of it could be of poor quality. At best the industry is self-regulated and at worst completely unregulated (although it must be noted that this is not unique to Internet sites). It is clear that rigorous evaluation studies are needed (particularly given the

TABLE 3. Online counselling guidelines (from the American Counselling Association; http://www.counselling.org/gc/cybertx.htm)

(1)	Counsellors must inform their clients of the limited security of their correspondences.
(2)	A client must be informed of all counsellors and professionals who have access to the website, and whether the information is secured by an encryption code.
(3)	Upon conveying the 'risks' of online therapy to a client, the professional counsellor should execute a client waiver by which the client acknowledges that they have been informed of the potential hazards.
(4)	On the website, counsellors should state clearly that therapy is impeded by the counsellor's inability to read facial and body-language cues.
(5)	The emotional and intellectual capability of the client must be of foremost concern when a therapist agrees to counsel a client online.
(6)	Despite the global reaches of the Internet, counsellors may provide services only in states where they are licensed to practise.
(7)	Legally, the online therapist must confirm that their liability insurance covers the service they provide over the Internet.
(8)	The counsellor must verify that the potential client is above the age of a minor
(9)	If the client is under age, written consent is required from the minor's legal guardian or representative.
(10)	Clients should perform a credential check on any therapist found online.

rate at which new sites are springing up). These refer not only to sites that specifically deal with gambling problems, but all sites. Any new developments involving online therapy should be monitored and researched carefully as to their efficacy, sensitivity and therapeutic potential (Lago, 1996). The British Association of Psychotherapists claimed that many of the online therapy services do not amount to full consultations and that they resemble the initial application form used by most psychotherapy institutions prior to a first face-to-face meeting (Champkin & Hughes, 1999). By just looking at the homepages of online therapists, it would appear that many of them point out that online counselling is not a substitute for traditional psychotherapy. They advise that if a person can visit a therapist in person, they should. They go on to say that if the person cannot visit a therapist's office, online counselling can be a helpful and effective alternative.

Lago (1996) has noted that a look through any book about counselling shows that theories of psychotherapy and counselling place considerable emphasis on the relationship between the practitioner and client as being significant (if not the most significant) aspect of therapeutic endeavour. The logical question then is to ask what happens to the relationship if the counselling is done via a telephone or the Internet. In telephone counselling, both parties are deprived of visible, tactile and spatial possibilities that exist within the normal counselling context. However, at least there is aural contact and it is held in real-time. For online therapy (at least if it is done by e-mail rather than in a chat room) it will be in asynchronous time without any aural or visual cues—in short, all paralinguistic, non-verbal and cultural clues to communication are not available. It could take a long time to develop an appropriate relationship. Furthermore, it is difficult to know what empathic, reflective, instructive and congruent statements look like on screen and how effective will

TABLE 4. Guidelines on selecting an Internet counsellor (adapted from US-based Metanoia: website at http://www.metanoia.org)

(1)	It is important that therapists have some kind of professional credentials. Wisdom, compassion and character are necessary, but they are not enough. To be a competent psychotherapist, one needs both academic study, and also supervised clinical practice. A good therapist will have been through an extensive psychotherapy training program. It may have been part of their academic degree, or it may have been a separate postgraduate program. If the therapist does not have at least a Master's level degree and some kind of professional certification, go find someone who does.
(2)	All psychotherapists who have these professional credentials are qualified. If they have managed to get professional credentials, they are very likely to be a good therapist. However, that doesn't mean that all therapists are equally good, or that just any therapist will be personally right for someone. They need to interview a therapist themselves to know whether or not they will work for them.
(3)	The type of credential is not as important as therapists want a person to believe. A licensed psychologist is not necessarily a better therapist than a certified pastoral psychotherapist, social worker, etc. An MD psychiatrist is not necessarily a better psychotherapist than a licensed marriage and family therapist, licensed professional counsellor, etc. What makes the difference between an 'okay' therapist and a great therapist? In part it has to do with the therapist's character, skill, and the quality of supervised clinical residency they had.
(4)	The very best way to evaluate a therapist is within you. If a person learns just a little about the process of therapy, and what they should be able to expect, they will be able to tell if a psychotherapist is any good or not. The Metanoia site relies on generally accepted industry standards. The listings contain professional psychotherapists who have some kind of official certification, degree and/or licence attesting to the fact that the mental health industry considers them qualified to practise psychotherapy.

they be (Lago, 1996). One of the paradoxes in this situation is that relationships of an intimate nature can (and do) flourish over the Internet (Griffiths, 2000a; Parks & Floyd, 1996). This leads to the conclusion that healthy relationships can thrive in a text-based virtual reality (Griffiths, 1999, 2000b) and may therefore also in a therapeutic context.

It might well be the case that online therapy can only be effective as either a way of communicating information in response to clients' statements and questions, or a form of 'pre-therapy'. This latter suggestion is interesting as it has traditionally been assumed that for 'pre-therapy' to occur, the client and practitioner had to be in the same room. No doubt, these issues of concern still remain. For instance, Lago has highlighted that (i) unconditional positive regard and congruence will prove challenging to demonstrate without verbal cues, (ii) by being reduced to a words-only transaction (i.e. a text-based virtual reality), the client's perception of the counsellor's messages will be crucial in determining the extent to which they can stay in contact to resolve their difficulties, (iii) there is a possibility for the development of fantasy and that the client's expectation of the therapist might become over-exaggerated and unrealistic, and (iv) the medium of the Internet might exacerbate

psychotic tendencies that the client may have. However, these were all speculations on Lago's (1996) part, and no reference was made to how these might occur.

On the evaluation side, there is still little agreement about which technologies are best for delivering which types of service and whether some media might be better or worse for particular sub-populations. For instance, Stamm (as cited by Foxhall, 2000) has noted that individuals with paranoid schizophrenia believing that television can influence their thoughts, may not be good candidates for services provided through video-conferencing. However, children with attention-deficit hyperactivity disorder appear to respond well to video-conferencing because they are often fascinated by television. It could also be speculated that the younger generation of today may be more at ease with seeking online help anyway as they have grown up with access to the Internet and state-of-the-art technology.

There is a paucity of empirical data that assesses the efficacy and feasibility of online therapy for clinical applications. Not surprisingly, little attention has been paid to this innovation from post-graduate curricula or professional training packages (although some are now beginning to focus attention on this area—see for example, Cooper, 2001b). Little research exists on the value of text-based online therapy although some organisations (such as the International Society of Mental Health Online at http://www.ismho.org) are investigating online therapy's benefits and limitations. In fact the ISMHO mission is to promote the understanding, use and development of online communication and other information technology for the benefit of mental health.

To date, the limited studies carried out (mostly with very small sample sizes) have focussed on patient and provider satisfaction with the technology rather than the effectiveness of the technology in delivering services (Foxhall, 2000). Information about the cost-effectiveness of online therapy services is also limited. Future research should address the following areas (all of which could involve gambling research):

- The differential effects of various online therapeutic interventions among clinical populations. There would be great benefit from learning much more about counselling versus online peer-support groups and so forth.
- The effect online therapy has on therapeutic relationships. This is a critical issue. Ferguson (1996) has eloquently predicted a social revolution in the roles of patient and caregiver; such relationships will be much more equal in future with the therapist being more of a coach to a much more informed consumer.
- Whether providers and consumers find online therapy interventions accessible and desirable.
- Do demographic characteristics (like socioeconomic status, ethnicity, culture, geographic location, age and gender) affect a patient's access to and acceptance of online therapy and if so, how and why? The same questions could also be applied to therapists regarding *their* acceptance and receptivity. Miller (1989) has written about how positive expectancies of therapists have contributed to improved patient outcomes. If clinicians do not believe in online help but were forced to provide it by their employer, would this be subtly communicated to the clients and their treatment undermined?

- How to educate consumers and providers most effectively in the use of telehealth. At present, there are limited data about the extent to which this type of care is practised. In fact, it is thought that with papers like this, the authors are engaging in consciousness-raising, alerting clinicians to the possibilities of online therapy.

Summary

This article has demonstrated a need for evaluative research regarding online therapy, particularly since there is a lack of an evidence-base to govern this growing practice. Furthermore, papers like this aim to help to engage consciousness-raising activities and thereby alert clinicians to the future possibilities of practice behaviour. After all, clinicians have been constantly striving to better serve their clients from the earliest days of mental health practice. Often this has meant the adoption of new technologies into one's approach to helping others. Some innovations have come and gone quickly with little impact but others like the telephone and typewriter have fundamentally changed how many of us interact with our clients and otherwise do business. It seems apparent that the Internet and computer-mediated communication are here to stay. Therefore, there is a need to focus on exactly how these innovations will impact on our field keeping clients' best interests in mind.

Note

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