

Guidelines for providing psychological services and products using the internet and telecommunications technologies

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1. Introduction

- 1.1. These *Guidelines* are designed to assist *psychologists* currently using or planning to use the internet and telecommunication technologies in the provision of *psychological services*. In particular they aim to alert *psychologists* about ethical and professional issues that may arise in the use of these media.
- 1.2. These *Guidelines* cover the use of electronic delivery methods (e.g., the internet, email, text messaging (SMS), telephone, skype, video conferencing) for the following purposes:
- psychological counselling services;
 - provision of therapeutic treatment programs or skills training for psychological issues or disorders (with or without *psychologist* assistance);
 - psychological testing and assessment;

- *psychological services* to groups (e.g., online support groups);
- synchronous chat rooms or chat groups for the purpose of a *psychological service* or psychological research;
- provision of information on psychological issues (e.g., psychological disorders);
- access to therapeutic materials (e.g., therapeutic self-help software, and relaxation tapes);
- sending a *psychologist* a problem which can be responded to in a question/answer format for a wider audience (e.g., writing to a magazine columnist);
- advertising of face-to-face psychological counselling services;
- professional training and supervision, and secondary consultation (Refer to *Guidelines on supervision, 2003*);
- research, such as resource locators, demographic surveys, and empirical investigations;
- collection of research data, for example, via online surveys or studies; and
- non-therapeutic or administrative purposes related to *client* management, for example, arranging appointments.

- 1.3.** Access to internet and digital communications technologies has expanded rapidly in Australia in recent years. At the end of June 2010, there were 9.6 million active internet subscribers in Australia including 1.9 million private and public organisations and 7.7 million households (Australian Bureau of Statistics, 8153.0 - Internet Activity, Australia, 2010). The internet is increasingly used as a source of information and support for emotional distress and mental health concerns. Landline telephone communications are increasingly being replaced or supplemented by mobile telephone providing text (SMS) and voice messaging. Furthermore, the development of mobile phone technology now allows for, not only voice or telephone communication, but also access to internet, email, and multimedia technology, some or all of which can have applications in the provision of *psychological services*.
- 1.4.** The internet is increasingly used as a medium for the provision of assessment and therapeutic *psychological services*, and has great potential for increasing access to *psychological services*. In particular it can facilitate access for people:
- in remote locations;
 - with specific cultural or language needs;
 - seeking specific services that are not broadly available;
 - who, by reason of psychological or other impairment, are unable to leave their homes;
 - who have limited time availability for appointments;
 - who prefer the convenience it provides; and
 - for whom high levels of confidentiality or anonymity are important.
- 1.5.** Therapeutic interventions using the internet are often combined with individual and group interventions face-to-face, but may also be used as a stand-alone *psychological service*. Research evidence supporting the effectiveness of internet-based therapy for certain disorders – both therapist assisted and unguided - is emerging (Abbott, Klein & Ciechomski, 2008; Griffiths, Farrer & Christensen, 2010; National Institute of Clinical Studies, 2003). Some studies have shown that internet-based *psychological services* are effective for a range of psychological problems including, but not limited to, panic disorder (Klein, Richards & Austin, 2006; Wims, Titov & Andrews, 2008), social phobia (Titov, Gibson, Andrews & McEvoy, 2009), depression (Andersson et al., 2005; Christensen, Griffiths & Jorm, 2004; Perini, Titov & Andrews, 2008), posttraumatic stress disorder (Lange, van de Ven, & Schrieken, 2003), and substance misuse (White et al., 2010).
- 1.6.** *Psychologists* using the internet to provide a therapeutic intervention are aware of the extent to which delivering the *psychological service* online is supported by research, or may even be contra-indicated for a particular disorder or psychological problem.
- 1.7.** *Psychologists* who provide *psychological services* using the internet and other telecommunications technologies develop and maintain their understanding of technological

and telecommunications modes of service delivery and enhance their skills in the use of these forms of communication.

- 1.8. The asynchronous nature of *psychological services* using the internet and text messaging services (email, SMS) is a unique aspect of these media that differentiate them from face-to-face or telephone services where the interaction between *psychologist* and *client* is synchronous or occurs in real time. *Psychologists* ensure that their *clients* who access services using asynchronous technologies are aware of the duration of time that may elapse before they can expect to receive a response.
- 1.9. As services by internet and text messaging can be brief, spontaneous and without forewarning, fee arrangements may differ from those of the traditional, time-limited and pre-arranged consultation. Refer to Section 13.
- 1.10. As the use of internet and telecommunications enable *psychologists* to provide *psychological services* outside their local area to reach international *clients*, *psychologists* are aware of the legal and registration requirements affecting their work across different *jurisdictions*.

Refer to the APS *Code of Ethics* (2007), standard B.12. Conflicting Demands.

B.12.1. Where the demands of an organisation require *psychologists* to violate the general principles, values or standards set out in this *Code*, *psychologists*:

- (a) clarify the nature of the conflict between the demands and these principles and standards;
- (b) inform all parties of their ethical responsibilities as *psychologists*;
- (c) seek a constructive resolution of the conflict that upholds the principles of the *Code*; and
- (d) consult a senior *psychologist*.

B.12.2. *Psychologists* who work in a team or other context in which they do not have sole decision-making authority continue to act in a way consistent with this *Code*, and in the event of any conflict of interest deal with the conflict in a manner set out in B.12.1.

- 1.11. These *Guidelines* are not designed to override research protocols that have been approved by university or NHMRC guidelines. Nevertheless, if *psychologists* perceive a discrepancy with the *Code*, they take necessary action – see above standard B.12.

2. Informed consent

Refer to the *Code*, standard A.3. Informed Consent.

A.3.1. *Psychologists* fully inform *clients* regarding the *psychological services* they intend to provide, unless an explicit exception has been agreed upon in advance, or it is not reasonably possible to obtain informed consent.

A.3.2. *Psychologists* provide information using plain language.

A.3.3. *Psychologists* ensure consent is informed by:

- (a) explaining the nature and purpose of the procedures they intend using;
- (b) clarifying the reasonably foreseeable risks, adverse effects, and possible disadvantages of the procedures they intend using;
- (c) explaining how information will be collected and recorded;

- (d) explaining how, where, and for how long, information will be stored, and who will have access to the stored information;
- (e) advising *clients* that they may participate, may decline to participate, or may withdraw from methods or procedures proposed to them;
- (f) explaining to *clients* what the reasonably foreseeable consequences would be if they decline to participate or withdraw from the proposed procedures;
- (g) clarifying the frequency, expected duration, financial and administrative basis of any *psychological services* that will be provided;
- (h) explaining confidentiality and limits to confidentiality (see standard A.5.);
- (i) making clear, where necessary, the conditions under which the *psychological services* may be terminated; and
- (j) providing any other relevant information.

Refer to the *APS Charter for clients of psychologists* (2005).

Refer to the *Code*, standard C.2. Communication.

C.2.3. Statements made by *psychologists* in announcing or advertising the availability of *psychological services*, products, or publications, must not contain:

- (a) any statement which is false, fraudulent, misleading or deceptive or likely to mislead or deceive;
- (b) any statement intended or likely to create false or unjustified expectations of favourable results.

- 2.1.** *Clients* who choose to receive, or are offered, *psychological services* on the internet, by telephone, by email, or by other forms of communications technology need to be able to make an informed decision about the *psychological service* being offered. Assisting *clients* with such a decision includes conveying information to them as outlined below:
- 2.1.1.** *Psychologists* make available their name, qualifications, registration number, and an indication of where these details can be verified, (e.g., contact details for the Psychology Board of Australia).
- 2.1.2.** *Psychologists* clarify with potential *clients* the limits to confidentiality before engaging with them online or via other forms of telecommunications technology. This means informing *clients*:
- that communications may have the potential to be intercepted. *Psychologists* indicate what steps they have taken to reduce such a possibility;
 - how the information they provide will be recorded, used and stored, and who will have access to their personal information;
 - the expected time frame within which *clients* can expect a response from the *psychologist*; and
 - that if *clients* are considered to be a danger to themselves or others, *psychologists* may disclose information necessary to avert risk.
- 2.1.3.** *Psychologists* inform *clients* that any of the *psychologist's* records, including internet, email, SMS, or summary of telephone communications, may be subpoenaed. It is particularly important to convey this limitation to *clients*, because some research suggests that email users may be more open than *clients* would be in face-to-face situations (Weisband & Reinig, 1995). Verbatim records of psychological sessions may be of particular significance in legal contexts. Hence, *psychologists* create and store records with the knowledge that their records could be used in court.

Refer to *Guidelines on record keeping* (2004).

- 2.1.4.** *Psychologists* inform *clients* about the potential benefits of providing *psychological services* on the internet, email, or by SMS such as:
- *client* communication may be possible at any time of day;
 - both parties can make a considered response asynchronously;
 - a written record may be retained for future reference;
 - *clients* may feel less inhibited by the anonymity of the service; and
 - geographically remote *clients* can access such services.

Refer to *Guidelines for psychological practice in rural and remote settings* (2004).

- 2.1.5.** *Psychologists* also inform *clients* about the potential limitations or risks of providing *psychological services* on the internet, which can include:
- some issues may be less appropriate for internet or telephone counselling;
 - capacity for crisis intervention may be diminished;
 - misunderstandings may arise due to a lack of non-verbal cues and, with the exception of telephone counselling, tone of voice;
 - email and SMS messages may not be received;
 - the *psychologist* may not be available to respond within the time frame expected by the *client*;
 - the need for a particular level of computer specification (e.g., online testing);
 - information may be forwarded inadvertently to a wrong address or number; and
 - other people may access *clients'* email or SMS messages, for example, family members, friends, or colleagues.

- 2.1.6.** Where there is an understanding that a *psychologist* will respond to an anonymous *client's* question with a response for a mass audience (like magazine problem pages, or bulletin board postings), the *client* is fully informed about the proposed process regarding publication.

- 2.2.** When providing a *psychological service* to a young person, *psychologists* have a responsibility to both the young person and to the *client*-parent who contracts or engages a *psychological service* for the young person. At the outset of the *psychological service* *psychologists* discuss and clarify with the young person and the *client*-parent issues of consent, confidentiality and disclosure. *Psychologists* also take steps to establish the age and maturity of the *client* to avoid offering an inappropriate service to an individual who may not yet have the emotional maturity to benefit from it (Robson & Robson, 2000).
- 2.3.** Where possible and relevant, *psychologists* obtain and keep the contact details of their *clients'* next of kin, or another preferred contact for use in times of emergency.
- 2.4.** Where applicable, *psychologists* clarify with their *clients* the anticipated extent of SMS or email use, and the operating hours during which a *client* can expect a response from a text message, for example, "business hours Monday–Friday". SMS and emails are often sent by *psychologists* as a reminder of a *client's* imminent appointment.

3. Confidentiality

Refer to the *Code*, standard A.5. Confidentiality.

A.5.2. *Psychologists* disclose confidential information obtained in the course of their provision of *psychological services* only under any one or more of the following circumstances:

- (a) with the consent of the relevant *client* or a person with legal authority to act on behalf of the *client*;
- (b) where there is a legal obligation to do so;
- (c) if there is an immediate and specified risk of harm to an identifiable person or persons that can be averted only by disclosing information; or
- (d) when consulting colleagues, or in the course of supervision or professional training, provided the *psychologist*:
 - (i) conceals the identity of *clients* and *associated parties* involved; or
 - (ii) obtains the *client's* consent, and gives prior notice to the recipients of the information that they are required to preserve the *client's* privacy, and obtains an undertaking from the recipients of the information that they will preserve the *client's* privacy.

Refer to *Guidelines on confidentiality* (2007).

- 3.1. *Clients* are informed that confidentiality may be limited by the level of security of the technology. Security limitations include system breakdown, authorised (e.g., internet service provider system administrator) and unauthorised persons potentially viewing messages, and the potential access of deleted messages where back-up records have been made. It is recommended that security be increased by the use of passwords and encryption (Midkiff & Wyatt, 2008). *Psychologists* clarify such issues with their *clients*.
- 3.2. In situations where authentication of the identity of the *client* is required, steps are taken to do so, such as requiring an initial face-to-face meeting or a video-conference before providing services online (Midkiff & Wyatt, 2008).

Refer to *Guidelines for working with young people* (2009).

- 3.3. When contacting *clients*, *psychologists* are cautious when leaving messages on answering machines, message banks, and email addresses, and check with *clients* about their preferred contact points.
- 3.4. Where *psychologists* are providing *psychological services* and products using the internet and telecommunication technology and they know the identity of the *client*, they are bound by the same obligations to protect the welfare of the *client* or others affected by the *client* as for face-to-face psychological work.

Refer to *Guidelines for reporting abuse and neglect, and criminal activity* (2010); *Guidelines relating to suicidal clients* (2004); and *Guidelines for working with people who pose a high risk of harm to others* (2005).

- 3.5. Where *psychologists* form the opinion that there is an apparent risk to the *client* or others, they attempt, where possible, to stay engaged with the *client* and to obtain as many identifying details as they can, so that the risk of harm may be reduced, or the *psychologist* can attempt to refer the *client* to other appropriate services.
- 3.6. When dealing with high-risk situations whilst providing *psychological services* on the internet, *psychologists*, where possible, consult with a suitably informed colleague(s), to assist their decision-making.

- 3.7. In group session contexts (chat rooms, video-conferencing, tele-conferencing), *psychologists* encourage participants to act with respect, but also inform them that due to the number of people involved, confidentiality cannot be guaranteed.

4. Communication of client information

Refer to the *Code*, standard A.4. Privacy.

A.4. *Psychologists* avoid undue invasion of privacy in the collection of information. This includes, but is not limited to:

- (a) collecting only information relevant to the service being provided; and
- (b) not requiring supervisees or trainees to disclose their personal information, unless self-disclosure is a normal expectation of a given training procedure and informed consent has been obtained from participants prior to training.

- 4.1. Internet, email, SMS and other telecommunications from *clients* are not forwarded by *psychologists* to others without the consent of the *client*. *Psychologists* are particularly aware of 'strings of messages' contained within communications.
- 4.2. *Clients* are encouraged to use the auto-reply function or similar mechanism, which includes the *psychologist's* previous message, to confirm that *clients* have received the *psychologist's* email.
- 4.3. *Psychologists* are aware that *clients* using the internet, telephone or other telecommunications technology may do so anonymously. An anonymous *client* may disclose information that may be misleading or false. *Psychologists* clarify as far as possible the source and nature of the information presented.
- 4.4. To maintain professional boundaries with their *clients*, *psychologists* use professional language when sending text messages to *clients*. *Psychologists* are aware that use of informal and unprofessional language when communicating by text with a *client* blurs the *professional relationship*, and can create a more personal relationship or the impression of one.

5. Psychologist competence and limits of online psychological services

Refer to the *Code*, standard B.1. Competence.

B.1.2. *Psychologists* only provide *psychological services* within the boundaries of their professional competence. This includes, but is not restricted to:

- (a) working within the limits of their education, training, supervised experience and appropriate professional experience;
- (b) basing their service on the established knowledge of the discipline and profession of psychology;
- ...
- (e) ensuring that their emotional, mental, and physical state does not impair their ability to provide a competent *psychological service*.

Refer to the *Code*, standard B.11. Termination of psychological services.

B.11.5. When confronted with evidence of a problem or a situation with which they are not competent to deal, or when a *client* is not benefiting from their *psychological services*, *psychologists*:

- (a) provide *clients* with an explanation of the need for the termination;
- (b) take reasonable steps to safeguard the *client's* ongoing welfare; and
- (c) offer to help the *client* locate alternative sources of assistance.

- 5.1. *Psychologists* take steps to develop and maintain competence in the specific programs or modalities they use with *clients*.
- 5.2. *Psychologists* are aware of the evidence on the effectiveness of the technology-based treatments and interventions they use, and of any identified risks *clients* may face from the interventions used.
- 5.3. Where *psychologists* are offering individual or group therapy and take on clinical responsibility for their *clients*, *psychologists* will carefully assess whether a specific internet or telecommunications based service is likely to be suitable for the *client*, before agreeing to provide such a service. The assessment includes a consideration of efficacy and safety, and incorporates current outcome research, best practice guidance and *client* preference. Where clinically appropriate, a crisis support plan is negotiated with the *client*, including identification of support services in the *client's* geographical area.
- 5.4. *Psychologists* regularly monitor and assess the progress of their *clients* when using internet and telecommunications-based technologies. Any situation or condition that poses a serious risk to the *client* or to others which cannot be managed appropriately via an electronic mode of delivery is referred as necessary. If *clients* are not making adequate progress, the *psychologist* considers whether more intensive services are required (e.g., greater *psychologist* contact, or face-to-face intervention).

6. Client use of internet and other telecommunication technologies

Refer to *Guidelines for managing professional boundaries and multiple relationships* (2008).

- 6.1. It is possible that *clients* may forward to others, messages from their *psychologist* that have been tailored to *clients'* own particular situations. The possible misuse of *psychologists'* communications can be restricted, but not prevented, by forming a two-way agreement with *clients* before engaging them in a *psychological service* that the *clients* will not forward messages without the consent of the provider of the *psychological service*. *Psychologists* address this issue at the commencement of any online interaction with a *client*, by reminding *clients* that the email communication is specific to the *client*.
- 6.2. When providing internet-based services, for example, therapeutic programs, internet testing, etc., *psychologists* provide *clients* with the necessary technical information required for accessing such services.

7. Research with human participants conducted via the internet

Refer to the *Code*, standard A.3. Informed Consent.

A.3.3. *Psychologists* ensure consent is informed by:

- (a) explaining the nature and purpose of the procedures they intend using;
- (b) clarifying the reasonably foreseeable risks, adverse effects, and possible disadvantages of the procedures they intend using;
- (c) explaining how information will be collected and recorded;
- ...
- (e) advising *clients* that they may participate, may decline to participate, or may withdraw from methods or procedures proposed to them.
- ...

See also *Guidelines for ethical practice in psychological research online (2007)*.

- 7.1. The internet is increasingly used for research purposes by academics, students and practitioners. When conducting research, *psychologists* obtain informed consent either by digital signature or advise participants that their participation in the research is taken to be an indication of their consent.
- 7.2. *Psychologists* who conduct research ensure that online surveys they use have a sufficient level of security in transmission and storage of information to protect the anonymity of the research participants.
- 7.3. *Psychologists* enable participants to discontinue their involvement in the research by providing the possibility to opt out.
- 7.4. Identifiable *client* communications or *client* data are used for research only with the *client's* permission.

8. Record keeping

Refer to the *Code*, standard B.2. Record keeping.

B.2.1. *Psychologists* make and keep adequate records.

B.2.2. *Psychologists* keep records for a minimum of seven years since last *client* contact unless legal or their organisational requirements specify otherwise.

B.2.3. In the case of records collected while the *client* was less than 18 years old, *psychologists* retain the records at least until the *client* attains the age of 25 years.

Refer to the *Code*, standard A.5. Confidentiality.

A.5.1. *Psychologists* safeguard the confidentiality of information obtained during their provision of *psychological services*. Considering their legal and organisational requirements, *psychologists*:

- (a) make provisions for maintaining confidentiality in the collection, recording, accessing, storage, dissemination, and disposal of information; and
- (b) take reasonable steps to protect the confidentiality of information after they leave a specific work setting, or cease to provide *psychological services*.

Refer to *Guidelines on record keeping* (2004).

- 8.1. *Psychologists* keep records of email, online, text messaging, telephone and other work using internet and telecommunication technologies as they do for face-to-face psychological work. *Psychologists* know how to store electronic records so that they are secure, and may be retrieved in a way that authenticates the contents. With the possibility of computer breakdowns, it is essential to keep a back-up version of records in an accessible form.
- 8.2. Email records may be stored electronically on the hard drive of a computer, an external hard drive, the service provider's hard drive of their server, a CD, or other devices. Hackers could potentially gain access to service provider stored messages and those stored on a personal computer hard drive. See also use of passwords and encryption discussed in Section 3 - Confidentiality. *Psychologists* are mindful of the durability and security of storage media used, and are aware of necessary back-up and disposal procedures.
- 8.3. *Psychologists* keep a record of all relevant electronic communication with *clients* so that there is an accurate account of what transpired in sessions.

9. Legal aspects

Refer to the *Code*, standard A.5. Confidentiality.

A.5.2. *Psychologists* disclose confidential information obtained in the course of their provision of *psychological services* only under any one or more of the following circumstances:

- (a) with the consent of the relevant *client* or a person with legal authority to act on behalf of the *client*;
- (b) where there is a legal obligation to do so;
- ...

Refer to the *Code*, standard B.1. Competence.

B.1.2. *Psychologists* only provide *psychological services* within the boundaries of their professional competence. This includes, but is not restricted to:

- ...
- (d) complying with the law of the *jurisdiction* in which they provide *psychological services*;
- ...

Refer to *Guidelines for reporting abuse and neglect, and criminal activity* (2010); and *Guidelines for working with young people* (2009).

- 9.1. The legality of offering *psychological services* to persons residing outside the geographical area in which *psychologists* are registered to work is considered. *Psychologists* may need to verify whether they can provide *psychological services* to a *client* from another country where the *psychologist* may not be registered.
- 9.2. Legal requirements affecting the work of *psychologists* vary between Australia's states and territories, and other nations, so *psychologists* are aware of local regulations regarding, for example, mandatory reporting of child abuse. Generally, Australian professional indemnity insurance policies have exclusions for any claims arising from the USA or Canada. *Psychologists* offering *psychological services* via the internet and other telecommunication technologies stipulate the audience for which the service is intended.

- 9.3.** *Psychologists* take steps to establish the age and maturity of the *clients* who receive online *psychological services*. In some circumstances *psychologists* may need to obtain parental consent for the *psychological service* to proceed.

Refer to the privacy resources on the APS website, www.psychology.org.au.

- 9.4.** Privacy legislation (Privacy Act (Cth), 1988) requires that relevant *psychologists* provide *clients* with a statement that indicates how the *client's* personal information will be collected, how it will be used, to whom it will be disclosed, and that the *client* is able to access their personal information unless an exception applies. If covered by the *jurisdiction* of the legislation, *psychologists* offering internet or telecommunications based *psychological services* would need to comply with this requirement.
- 9.5.** In addition, *psychologists* make available for *clients* their policy for management of personal information. If operating *psychological services* on a website, *psychologists* have this information easily available.

10. Managing professional boundaries when using the internet and telecommunication technologies

Refer to *Guidelines for managing professional boundaries and multiple relationships* (2008).

- 10.1.** *Psychologists* are aware of the potential for boundary issues with *clients* to emerge related to the internet and telecommunication technologies. For example, when using internet and telecommunication technologies to provide *psychological services* to *clients*, *psychologists* use professional language to maintain appropriate boundaries, and convey to *clients* the anticipated extent of SMS or email use, and the operating hours during which a *client* can expect a response from a text message, for example, "business hours Monday–Friday". Where possible, *psychologists* monitor the personal information about them available on the internet and take steps to remove inappropriate content.
- 10.2.** *Psychologists* are aware that whatever personal information they post on personal social networking sites and as part of online communities may be more broadly accessible and could even be in the public domain. Even with privacy settings there are ways that information can be accessed. *Psychologists* protect their own privacy as adequately as possible. If a *client* requests to be a 'friend' of a *psychologist*, the *psychologist* reinforces the need to keep a boundary between the professional and personal.
- 10.3.** *Psychologists* may seek to gain further information about a *client* from an internet search. These searches to access information are conducted in the best interests of the *client*, not to satisfy the curiosity of the *psychologist*. Such searches may also be conducted when other people are considered at risk.
- 10.4.** *Psychologists* who engage in online blogging are aware that they are revealing personal information about themselves, and are aware that *clients* may read the material. *Psychologists* consider the effect of a *client's* knowledge of their blog information on the *professional relationship*, and when providing a *psychological service* place the *client's* interests as paramount.

11. Ethical considerations in relation to the provision of online testing and assessment services

The following considerations relate to the provision of testing services only, not testing for research purposes.

Refer to Section 15 of the *Guidelines for psychological assessment and the use of psychological tests* (2009).

- 11.1. *Psychologists* refer to the International Test Commission *International Guidelines on Computer-Based and Internet Delivered Testing* (2005) for the development, publication and use of online and computer-based testing. These guidelines provide detailed information for test developers, publishers and users around four key issues: technology, quality, control, and security.
- 11.2. *Psychologists* are aware of the risks associated with unsupervised test administration which is increasingly afforded by internet technologies, and communicate these with their *clients* (Bartram & Hambleton, 2006; British Psychological Society, 2007; International Test Commission, 2005). In particular, *psychologists* ensure that *clients* are aware of the potential for reduced reliability associated with non-standardised testing conditions, the difficulties associated with authentication of results, data security, the limitations associated with the interpretation of “blind” tests, and the potential for technical failure.
- 11.3. *Psychologists* ensure that psychological tests that are administered online (whether under supervision or not) have adequate psychometric properties for administration via the internet. This assurance is particularly important when using tests that were developed originally for pencil-and-paper administration and adapted for online administration.
- 11.4. *Psychologists* are aware of the potential limitations some publishers impose on access to raw data, and take steps to ensure that they have adequate access to the raw data they require.
- 11.5. As data on the internet are accessible worldwide, there is the potential for online tests to be completed by a population for which they were not designed. *Psychologists* take steps to ensure that tests are suitable for the assessment requirements (Naglieri et al, 2004).
- 11.6. *Psychologists* provide sufficient information prior to test taking to enable *clients* to give informed consent.
- 11.7. As gaining written consent is sometimes not possible, respondents may be advised that their completion of the test is an indication of their consent.
- 11.8. The publication of tests online has enabled materials to be copied and distributed by unqualified persons. It is the responsibility of *psychologists* to limit access to testing materials, and to report copyright violations.
- 11.9. When online tests are administered without the supervision of a *psychologist* or test administrator, it is not possible to authenticate the test taker. *Psychologists* take steps to verify the results by, for example, subsequent supervised testing using parallel forms of the test, or by requesting test takers to endorse a statement that they are the test taker. *Clients* are made aware at the outset of such testing options, and the strengths and costs associated with these testing alternatives.
- 11.10. *Psychologists* are aware of the potential for unsupervised online testing to compromise the standardisation of administration procedures and take steps to minimise the associated risks. *Clients* are advised about the need for an appropriate time and space in which to complete the test to minimise distractions and other factors that may undermine their test performance.
- 11.11. When data are collected online, security is protected by the provision of usernames and passwords. *Psychologists* inform their *clients* of how test data will be stored (e.g., electronic database that is backed up). Regarding data storage, ideally secure test environments use a three-tier server model consisting of an internet server, a test application server, and a database server (Naglieri et al, 2004). *Psychologists* confirm with the test publisher that the testing site is secure and that it cannot be entered without authorisation. *Psychologists* inform recipients of information based on test data how the data were collected.

11.12. *Psychologists* are aware of the limitations of “blind” test interpretation, that is, interpretation of tests in isolation without supporting assessment data and the benefit of observing the test taker. These limitations include not having the opportunity to make clinical observations of the test taker (e.g., test anxiety, distractibility, or potentially limiting factors such as language, disability etc.) or to conduct other assessments that may be required to support the test results (e.g., interview). It is also important that *psychologists* check and take account of any factors that may affect the *client’s* performance such as disability, language or cultural background, or other physical or mental conditions (e.g., intoxication or drug use, legal medication, temporary illness).

11.13. Despite the physical distance, *psychologists* provide the opportunity for feedback to be given to *clients* who have completed unsupervised testing online in remote locations (Naglieri et al, 2004).

11.14. Tests that were developed for pencil-and-paper administration under supervised, controlled conditions cannot be assumed to provide equivalent measurement when administered over the internet in unsupervised conditions. When using traditional pencil-and-paper tests that have been adapted for online administration, *psychologists* are aware of any changes in the validity and reliability of the test following its adaptation for online purpose.

11.15. Limits to online psychological testing

11.15.1. *Psychologists* advise their organisational *clients*:

- i) of the risks associated with unsupervised online testing. Where possible, testing under supervision is recommended.
- ii) how feedback on their results will be provided. Full details of follow-up contacts and details of the method of feedback (e.g., verbal debrief or written report) are provided.

11.15.2. *Psychologists* advise their individual *clients* that when used to compare individual performance (such as in employee selection), all applicants are exposed to the same testing conditions and test medium (supervised/ non-supervised; online/ pencil-and-paper).

11.16. Confidentiality of test data

Psychologists ensure that their online psychological testing sites inform the user, in addition to standard browsers’ warnings, about the risk of sending personal or sensitive information through the internet.

12. General ethical considerations for website related issues

12.1. *Psychologists* acknowledge all external resources cited on their site. *Psychologists* ensure that any support for the website is clearly identified and includes all organisations that have made contributions material or financial. If advertising is a source of funding, this fact is clearly stated (Health on the Net Foundation, 1997).

Refer to the *Code*, standard C.3. Conflict of interest.

C.3.4. *Psychologists* declare to *clients* any vested interests they have in the *psychological services* they deliver, including all relevant funding, licensing and royalty interests.

- 12.2.** *Psychologists* ensure that the purpose of the website is stated clearly so that *clients* may make the best use of the information. Date of original content posting and last update is stated so that *clients* can determine the currency of information. Websites that have an editorial process state who is involved in and responsible for this process. Ideally, contact details of the website manager are provided for visitors who seek further information.
- 12.3.** For websites that involve *client* interaction, the provider includes a description about the reliability and security of the technology that will affect confidentiality.
- 12.4.** *Psychologists* ensure that their registration details are displayed on their website with links to sites that allow *clients* to check the status of registrations and professional affiliations claimed by the *psychologist* (e.g., links to the Psychology Board of Australia and the APS)

13. Financial arrangements

Refer to the *Code*, standard C.6. Financial arrangements.

C.6.2. *Psychologists* make proper financial arrangements with *clients* and, where relevant, third party payers. They:

- (a) make advance financial arrangements that safeguard the best interests of, and are clearly understood, by all parties to the *psychological service*; and
- (b) avoid financial arrangements which may adversely influence the *psychological services* provided, whether at the time of provision of those services or subsequently.

Refer to *Guidelines on financial dealings and fair trading* (2002).

- 13.1.** *Psychologists* establish with *clients* 'secure' ways of paying accounts, which may mean obtaining credit card details by phone or letter rather than via email, allowing cheques to be sent after sessions, or using secure online payment methods such as PayPal.
- 13.2.** *Psychologists* are clear with *clients* about the structure of charges for each session. There may be an overall fee to deal with a particular issue or perhaps a payment per response. Fee arrangements for some services that are intermittent and spontaneous (e.g., asynchronous SMS support or email counselling) may be different from the standard fifty minute face-to-face session that is time-limited and pre-arranged.
- 13.3.** The payment schedules for a group session online (e.g., a 'chat room') may be different from that arranged for an in-person group session held in the one room.

14. Summary

The use of internet and telecommunications media in therapeutic, psychological assessment, research and educational contexts is growing rapidly. While research supporting the use of the internet and other telecommunications technologies is emerging, in many instances, the research base remains behind practice. *Psychologists* providing *psychological services* on the internet and via other telecommunications technologies are aware of the strengths, limitations, scope and appropriate use of these modes of service delivery. They maintain their competence in the use of these methods of service delivery, *client* management and practice management, and are aware of the ethical issues associated with the delivery of services via electronic media. *Psychologists* ensure that they evaluate the effectiveness of their interventions and the other uses they make of such technologies, and keep up-to-date with developments in a rapidly moving field.

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