Online counselling, therapy and dispute resolution
A review of research and its application to family relationship services

Elly Robinson

This paper reviews contemporary literature and research that considers the use of technology in therapy, counselling and dispute resolution. Key terms and concepts are defined, followed by a brief history of online therapy. The benefits and challenges associated with the provision of online therapy are summarised, including a review of studies that have considered these issues. A discussion of the empirical evidence related to the effectiveness of online therapy follows, which includes an examination of the attitudes of clients and therapists towards the provision of online services and the costs involved.

The use of online services within the family relationship sector is considered. While there is a limited amount of literature that focuses on families as a target group for online therapy, the principles outlined in this paper are relevant, and where available, specific applications to family counselling, therapy and dispute resolution have been highlighted.

The speed with which technology has become an integral part of modern day living is astounding. It is difficult to imagine a contemporary lifestyle without computers, mobile phones and the Internet, yet not much more than a generation separates everyday users from people for whom these tools are foreign. Along with the increased use of technology in everyday life has come recognition of its potential beyond recreational and business use. The possibilities for the use of technology in counselling or therapy, for example, have been discussed in the literature for a number of years.

While the need for quality research that defines effective use of technology in therapy is recognised, there is still a limited number of high-quality evaluation studies in this area (Postel, de Haan, & De Jong, 2008). For service providers who have embraced telecommunications and either enhanced or adapted their therapeutic practice, research has largely failed to keep pace with their endeavours. There are other challenges associated with measuring the efficacy of online therapy; for example, users may wish to remain anonymous as a condition of use. As a result, the potential that exists for online and other forms of therapy remains largely under-utilised and untested (Skinner & Latchford, 2006).

Australian Government

Australian Institute of Family Studies
Australian Family Relationships Clearinghouse

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The author

Elly Robinson is Manager of the Australian Family Relationships Clearinghouse and Research Fellow at the Australian Institute of Family Studies.

Terminology and conceptualisation

There are many different uses of telecommunications in health and wellbeing settings, including community services. The simplest forms include phone calls or emails to arrange appointments or the use of information websites. More complex uses include Internet-based treatment programs or counselling sessions that aim to modify or address behavioural issues, and it is these uses of technology on which this paper is focused.

There appears to be little consistency in definitions of different types of therapeutic interventions involving technology. Barak, Hen, Boneil-Nissim, and Shapira (2008) suggested, however, that both professionals and laypersons continue to use interchangeable terminology. What does differentiate applications is the way that the service is delivered, for example:

- whether it includes human communication (e.g., online therapy conducted with the involvement of a therapist), or is a self-help, website-based therapy (e.g., an Internet-based program that a client can use independently of contact with a counsellor or therapist);
- real-time (synchronous) or delayed (asynchronous) communication;
- mode of communication (audio, video, text);
- individual or group; and
- type of therapeutic approach.

Face-to-face therapy and online therapy are not at polar ends of a spectrum of service delivery, which serves to further complicate definitions. Rather, there is a continuum of use of technology, described in simplistic terms by Jacobs et al. (2001):

- individual therapy alone (without computer);
- individual therapist as primary provider or treatment, but some aspect of computer assistance is used (computer-assisted therapist treatment);
- Computer as primary provider of treatment, but the therapist is available to assist and/ or in an emergency (therapist-assisted computer treatment); and
- computer treatment alone (without a therapist).

Therefore, the use of technology in therapy is defined via the extent of involvement of a therapist, and the characteristics of the communication medium and the therapeutic approach undertaken.

For the purposes of clarity, the terms "therapist" and "client" will be used to indicate the two parties involved in a verbal or text exchange in telecommunications interventions. The term "online therapy" is inclusive of any counselling or therapeutic exchange between the two parties unless otherwise indicated.

History

Santhiveeran (2004) dated the use of computers in psychotherapy to 1972, with the advent of bulletin boards and online support groups. The success of these initiatives established the potential of computers as a vehicle for the discussion of sensitive personal issues (Skinner, 2006). The first web-based mental health advice site went live in 1986—the "Ask Uncle Ezra" website offered an advice site for students at Cornell University (US) and is still operating today.[1]

The International Society of Mental Health Online[2] was established in the late-1990s, to promote the use of online technologies among mental health professionals (Chester & Glass, 2006). Around this time, guidelines were also established regarding ethical online counselling, such as those created by the American Psychological Association in 1997, American Counseling Association in 1999 and, in 2005, the British Association of Counselling and Psychotherapy. The Australian Psychological Society published similar guidelines in 2004, which are available for members only.

Benefits and challenges

There has been no shortage of benefits and challenges associated with online therapy identified in the literature to date. These are outlined in Table 1.

Table 1. Benefits and challenges associated with online therapy

Benefits	Challenges
Increased accessibility, for example, for rural and remote persons (although limited by bandwidth and availability of carriers), single or at-home parents, people with a disability, in cases of fear of violence or intimidation, people with agoraphobia, people who are relocating but want to work with the same therapist, fast-pace lifestyles, unusual employment hours.	Practical and technical concerns, for example, skills deficiencies, computer illiteracy. Older people and those from a different cultural background may feel less comfortable.
Offers solution to shortfall in psychotherapy services.*	Lack of visual cues, non-verbal cues, and misunderstandings arising from this. Not able to observe how couples or family members interact.
When email is used, the written word may be expressive for some, can think through and reflect on content before sending.	Time delays between contact and response in asynchronous communication.
Anonymity, privacy, convenience, often in comfort of own home.	Diminished capacity to deal with any crises.
Disinhibition and internalisation, that is, core issues addressed more quickly, matters expressed more freely.	Verifying credentials of therapist, verifying that therapist and/or client is the person online.
Enhanced self-reflection, in the case of asynchronous communication. Can revisit treatment communications from therapists in own time.	Technical failures, limited access to communications infrastructure, unreliable bandwidth connections.
Therapists can respond to specialist areas of concern, regardless of geographical location.	Security risks—email misdirected through error in address, intercepted by hackers, computer programming errors.
Available any time of day (where service models permit).	Client may expect services to be free.
May be particularly viable for computer-savvy young people and children.	Legal and ethical issues, including confidentiality, privacy.
Allows clinician time to be freed up for others and reduces the number of face-to-face sessions.	Lack of therapist training.
Increased flexibility of services.	
Affordability.	

* Proudfoot (2004) suggested that if only half of the estimated 20% of people in the UK suffering at any one time from depression and anxiety (at the time of writing) accessed 10 sessions of psychotherapy, the UK would need a 100-fold increase in the number of therapists.

Source: Abbott, Klein, & Ciechomski (2008); Bischoff (2004); Casey & Halford (in press); Cavanagh & Shapiro (2004); Griffiths, Farrer, & Christensen (2007); Hunt, Shochet, & King (2005); Pollock (2006); Recupero (2005); Rochlen, Zack, & Speyer (2004); Syme (2004)

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1   <http://ezra.cornell.edu>

2   <www.ismho.org/home.asp>

While limited empirical evidence exists regarding the perceptions of, and/or the effects of these benefits and challenges in practice (Rochlen et al., 2004), some of the existing research is outlined below.

There are many benefits and challenges associated with online therapy that are discussed in the literature, but few have been empirically tested.

Access issues

One of the key arguments in favour of online therapy is the increased access it offers to those who may otherwise be unable to attend therapy. A limited amount of literature exists that examines access issues for particular groups or those with particular issues. Griffiths and Christensen (2007) reported a high level of use by rural users of MoodGym (a cognitive-behavioural therapy Internet intervention) and Blue Pages (a depression information website), although it is unclear whether this is due to the program itself or a lack of alternate options. However, they do suggest that due to anonymity, the rural culture of self-reliance, the ability to fit in with work schedule and limited travel time involved, these programs may be particularly helpful for rural clients. Hand, Chung, and Peters (2009) recognised the positive potential of the Internet, if safety procedures are in place, for women who are seeking help regarding domestic violence and feel ashamed or need to find ways that will not alert the perpetrator to their accessing help. Hand et al. (2009) also pointed out the possible use of the Internet as an anonymous and private way for perpetrators of violence to seek help.

Marginalised people may be less likely to use online therapy, for example, refugees, culturally and linguistically diverse people, and those with no access to the Internet (Hand et al., 2009). In discussing online dispute resolution, Primerano (2004) drew attention to the fact that it may be particularly complicated for the culturally and linguistically diverse population, as there may be written language literacy as well as computer literacy issues. While these issues may also be relevant to Aboriginal and Torres Strait Islander persons, there has been no studies focusing on this population to date.

Information technology (IT) skills

As would be expected, people familiar with the online environment are more likely to use online counselling (Liebert, Archer, Munson, & York 2006). In a comparison of users of face-to-face therapy and Internet support groups by Skinner and Latchford (2006), the users of Internet support groups were more likely to think that computer-based communication with a therapist would have a positive impact on their mental health.

Abbott et al. (2008) reported that in early trials of Panic Online, an online treatment program, some participants lacked IT skills and hence had difficulties. With adequate support, however, these obstacles were reported as being overcome with ease. They also reported anecdotally that lack of IT skills has become less of a problem in the past 5 years. Similarly, Barak et al. (2008) found that individuals aged over 40 years were less effectively treated online, but describe this as possibly indicating a "temporal result of a vanishing factor" (p. 145)—that of pervasiveness, acceptance and usage skills associated with the Internet. Data from the Australian Bureau of Statistics (ABS, 2006) appears to support this assertion, with 93% of 15–17 year olds and 85% of 18–24 year olds reporting Internet use compared to 54% of 55–64 year olds and only 19% of those aged 65 years and over.

Although people who are familiar with computers and the Internet may be more likely to access online therapy, there is some suggestion that readiness to address issues and patience with the imperfection of technology are also important.

Gilkey, Carey, and Wade (2009) found that computer literacy was not a consistent factor in reported comfort or ability to benefit from the videoconferencing therapy program under study. They found that a readiness to address family issues coupled with patience regarding the imperfection of technology were more important factors.

Therapeutic alliance

One of the key elements in face-to-face therapy is the establishment of a working therapeutic alliance. Although using a small, self-selected and homogenous sample, a study by Cook and Doyle (2002) is one of the few studies that has directly tested the concept of working alliance in online therapy. Despite the limitations of the study, participants reported a collaborative bond with therapists.

Abbott et al. (2008) in their clinical and research work at Swinburne University of Technology eTherapy Unit, found that therapeutic alliance was not compromised, and in fact proposed that online therapy allows greater contact with the therapist than face-to-face, increasing continuity of care. The importance of therapeutic alliance, however, is uncertain. The absence of a face-to-face therapeutic relationship may be part of the attraction to online therapy for some individuals, for example, those with an avoidant personality (K. Halford, personal communication, 23 July, 2009).

Addressing challenges

Several studies identified ways in which the challenges posed by delivering therapy online can be met. In discussing possible misunderstandings arising from the lack of non-verbal cues and other communication information present in face-to-face therapy, Abbott et al. (2008) suggested discussing the possibility of misunderstandings and encouraging clients to inform the therapist of any misunderstanding or concerns they had. The use of emoticons, emotional bracketing and descriptive immediacy (see glossary) were also suggested as tools to offset the diminished emotional content of the online therapeutic session (Pollock, 2006). Gilkey et al. (2009) noted that the loss of nonverbal information can be offset by the increased comfort that participants felt due to being in their own homes. In the case of videoconferencing, this comfort may also bring about family patterns of interaction that would not otherwise be seen.

Armstrong (2002) pointed to the need to have formal agreements with clients, for example, a shared understanding that part-time staff may not reply for a few days, staff members may not be able to address every point in a long email or that clients will be referred to crisis counselling if needed.

Crisis management

A concern addressed consistently across the literature was how to provide online services to clients who are in crisis. In the eTherapy unit at Swinburne, it is mandatory to have contact details of the client and their general practitioners (Abbott et al., 2008). E-therapists will also call a client if they do not respond to emails, waiting an average of two weeks. They also highlight the importance of continuing to monitor clients for any indication that they should not continue online therapy, for example, if suicidal ideation develops.

Pollock (2006) suggested counsellors have client contact information as well as an email address, the name of a counsellor in the geographical area in case of emergencies, and emergency contact details. To protect potentially suicidal patients, another option is to restrict business in some way, for example, only dealing with local patients (Recupero & Rainey, 2005). It is worth considering, however, that this may diminish some of the benefits of online therapy, for example, service availability and confidentiality for rural clients.

King, Engi, and Poulos (1998) suggested that an initial assessment conducted via telephone or personal interview may identify unsuitable clients, as well as allowing the opportunity to discuss the use of online therapy and how sessions will proceed.

A crisis management plan that will work in the online environment is critical to online therapy.

Suitability for online therapy

Overall, the importance of assessment and screening is evident in the literature. Assessment and screening is likely to highlight the suitability or otherwise of clients for online therapy, or other issues that may negatively affect the process. Table 2 outlines some suggested assessment questions.

Table 2. Assessing suitability for online therapy

- What is the client's preference for mode of service delivery?
- Does the client have adequate knowledge of computers and the Internet?
- Is the client motivated and capable of using new communication tools?
- Do the client and the therapist have compatible IT systems?
- Does the client have Internet access?
- Where does the client access the Internet? Are there any privacy issues? If so, are there viable alternatives?
- What is the client's experience of, lifestyle in, and attitudes to cyberspace?
- What experience has the client had in communicating online?
- What have online social activities been like, in what settings have relationships developed, and for how long?
- How well suited is the client to the reading and writing skills involved in online therapy, e.g., motor and cognitive skills or impediments, psychological experiences of online communication?
- Does the client like reading and writing? How well can they type? What are their experiences of reading and writing?
- How does the client feel about the spontaneous, in-the-moment communication required of chat or instant messaging, compared with composing, editing and reflecting on emails?
- Are there therapeutic benefits to using online therapy, even though it is not the client's preferred mode of service delivery?
- Will communication be hindered by differences in language or culture, and is the therapist familiar enough with the culture to effectively conduct therapy?

Source: Suler (2001)

Who is suited?

There is limited evidence in the literature regarding the appropriateness of online therapy for particular individuals. Studies indicate, however, that people experiencing problems associated with emotions, thoughts and behaviours, such as post-traumatic stress disorder, panic disorder, anxiety and other stress disorders may be well suited to online therapies (Barak et al., 2008). Suler (2001) suggested that clients with some personality disorders (e.g. avoidant) may also benefit.

The conclusion from the literature overall is that personality is likely to play an integral part in the suitability for and effectiveness of online therapy. Unfortunately, the importance of personality, as well as presenting complaint and diagnosis, has not been the focus of empirical research (Suler, 2001).

> **Assessment for suitability for online therapy is important, with some clients more suited than others. Clients who are suicidal, in crisis or experience psychological disorders that include distortions of reality are less likely to be suited.**

Who isn't suited?

There is general agreement in the literature as to the types of individuals who may be less suited to online therapy, including those who:

- experience psychological disorders that are characterised by distortions of reality (Abbott et al., 2008; Chester & Glass, 2006) or those with borderline personality disorder (Suler, 2001);
- are suicidal (Abbott et al., 2008; Chester & Glass, 2006; Santhiveeran, 2004; Suler, 2001);
- are current victims of violence or sexual abuse (Abbott et al., 2008);

- have high rates of secondary, comorbid psychological disturbance (Abbott et al., 2008);
- are in need of hospitalisation, observation, supervision (Suler, 2001) or in crisis (Santhiveeran, 2004); or
- have limited email/chat skills (Santhiveeran, 2004).

Research into the effectiveness of online therapy

It has only been in recent years that studies of the efficacy of online therapy have emerged. In their meta-analysis, Barak et al. (2008) concluded that online therapy was particularly effective for treating anxiety and stress, with lasting effects, and on average is as effective as face-to-face interventions. Individual online treatment was found to be more effective than group therapy, chat or email more effective than forums or webcam, and there were no significant differences found between synchronous and asynchronous forms of communication. Closed access websites (i.e., those that require screening and personal authorisation to enter the site) were more effective than open sites (anyone can use), which again highlights the importance of screening and assessment. Casey and Halford (in press) also questioned whether open sites provide optimal outcomes, drawing attention to the possibility that pacing and sequence of program delivery is an important factor in a program's success.

In a meta-analysis that examined randomised-control trials of Internet-based cognitive-behaviour therapy programs for depression and anxiety, Spek et al. (2006) found that treatment programs were largely effective. They suggested, however, that the type of problem (symptoms of anxiety or depression) was less important than whether or not therapist support was available (e.g., monitoring, feedback or brief weekly phone calls). Limitations of the study suggest that further research is required to support this finding (Spek et al., 2006). Casey and Halford (in press) suggested that therapist contact may also be important in online intervention for couple problems. For example, high-conflict couples may need a more structured and intensive approach, whereas others may be able to find information directly from a website.

Promising Australian research also indicates that online interventions for depression may be effective. Two programs, MoodGym[3] and Blue Pages,[4] have been associated with improvements in mental health and knowledge and attitudes towards depression (Griffiths & Christensen, 2007; Mackinnon, Griffiths, & Christensen, 2008). Mackinnon et al. (2008) found that benefits remained for both groups of participants allocated to MoodGym and Blue Pages compared to the control group at a 12-month follow-up. Interventions based on cognitive-behaviour therapy appear to be particularly suited to online delivery, as it is a structured treatment approach (Barak et al., 2008; Spek et al., 2006).

> **Research indicates that online interventions can be effective, particularly for depression and anxiety. The level of therapist support is an important factor.**

Client/therapist views and needs

Studies indicate that many clients and therapists hold positive views towards online therapy (Cavanagh & Shapiro, 2004; Skinner & Latchford, 2006) and are willing to contemplate its use (Skinner & Latchford, 2006). One issue consistently mentioned in the literature is the need for both clients and therapists to be comfortable with and suited to the role of online counselling. Some practitioners may place high value on face-to-face, interpersonal communication, whereas others, particularly related to online dispute resolution, are anxious about witnessing displays of emotion and prefer the more structured online environment (Conley Tyler & McPherson, 2006; Syme, 2004). Several studies suggest a need for training for staff that is specific to the use of information technology in therapy (Gilkey et al., 2009; Proudfoot, 2004; Rochlen et al., 2004; Santhiveeran, 2009; Ybarra & Eaton, 2005).

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3   A cognitive-behaviour therapy Internet intervention for depression—see <http://moodgym.anu.edu.au>.

4   A depression information website—see <www.bluepages.anu.edu.au>.

Costs

Comparisons of costs associated with online and face-to-face therapy are not clear-cut. In terms of online dispute resolution, Syme (2004) suggested that costs may be associated with the purchase of new technology, marketing, consumer education and capacity building to increase the acceptance of online services, yet economies of scale may be affected by a low uptake. The set-up costs associated with web-based service delivery can be high, and a substantial barrier to the provision of such services. Costs may also be shifted, for example, a videoconference can reduce travel costs for clients but increase overhead costs for the practitioner (Syme, 2004).

Facilitator costs may vary depending on content, duration and service location. Savings may be made due to the more efficient use of therapist resources (Cavanagh & Shapiro, 2004). Therapists potentially serve more clients on a daily basis, reducing overall costs and cutting waiting time due to the decreased demand on therapist time (Proudfoot, 2004).

Costs to clients vary according to the extent and characteristics of the programs or treatments on offer. Internet programs, such as MoodGym and Blue Pages, are free to the user and can be accessed anytime (Griffiths et al., 2007). Many counselling or support services discussed in the literature appeared to offer support services using email or chat at no cost (particularly for the first email or chat contact) or low cost (e.g., Armstrong, 2002; Chester & Glass, 2006). Services that use online or email for the primary provision of therapy appear to be less expensive overall than face-to-face therapy, but, as mentioned above, set-up and ongoing costs may reduce the economies of scale.

Ethical issues

Many ethical issues associated with the delivery of online therapy are noted in the literature. Issues are often similar to face-to-face therapy, but may be considered more difficult to address due to the nature of the online environment. Some authors, however, draw attention to the specific characteristics of the online environment that make it a safer alternative than face-to-face.

There is some concern that the unrestricted nature of the online environment is allowing therapists to operate under less stringent ethical guidelines than face-to-face therapy. For example, in the review of e-therapy websites conducted by Santhiveeran (2009), few websites discussed limits to confidentiality, and only 12% of sites promoted how treatment records are maintained.

Confidentiality

Many studies highlight confidentiality as a major issue related to online therapy (Chester & Glass, 2006; Hunt et al., 2005; Pollock, 2006). Santhiveeran (2004) discussed issues such as validating the identity of clients, the possibility that anyone accessing a computer could access and print messages, and the fact that backup systems are logically inconsistent with the permanent deletion of communication from computers. Chester and Glass (2006), however, pointed out that there is no situation that is risk-free—in face-to-face therapy, filing cabinets may be left unlocked or walls may be thin. In fact, online communication has particular safeguards that can be used, for example, email interception security risks can be virtually eliminated by the use of encryption (Chester & Glass, 2006; Santhiveeran, 2004).

Informed consent

It is considered vital to give enough information so that consumers can provide informed consent to take part in online therapy (Abbott et al., 2008), including a standardised list of risks and benefits included in consent forms (Ybarra & Eaton, 2005). At the e-Therapy Unit, face-to-face or telephone structured clinical interviews are conducted at the start of treatment for this purpose (Abbott et al., 2008). Clients need to be informed of alternative treatments and ensure that they understand that the long-term effectiveness of online therapy has not yet been determined (Pollock, 2006; Recupero & Rainey, 2005).

New ethical dilemmas for professionals continue to emerge as the social use of technology grows. A letter to the editor in *InPsych*, the

> **Ethical issues such as confidentiality and informed consent are important considerations in online therapy. New ethical dilemmas emerge as technology grows and changes.**

bulletin of the Australian Psychological Society, raises the issue of interactions with clients on the social networking site Facebook (Shearsby, 2009). Shearsby pointed out that mediums such as Facebook, with the ability to search for and invite other users to be "friends", are uncharted territory for health professionals and may have implications for clients, for example, those who are marginalised or isolated. The letter highlighted the need for an examination of professionals using social networking sites.

Use of telecommunications in family work

Family relationship services

Little has been written specifically about the use of telecommunications in family work, but the application to marriage and family counselling does exist (Hines, 1994; Pollock, 2006). Many of the benefits, challenges and implementation strategies outlined in the limited family-related literature are the same as those for working with individuals, as outlined in Table 1, but applied to a multiple-person setting. For example, King et al. (1998) suggested that the asynchronous nature of email allows family members to read and respond at a time that is suitable to them, and they can delay a response while they consider the contents of the communication. The advantage of having a written record of interaction also limits the opportunity for conflict about what was said to whom within the family or relationship, and the context in which comments are made (King et al., 1998).

Benefits specifically related to using online therapy with families are that geographically separated families are still able to interact, at a far greater speed than postal mail allows and at a lower cost than telephone therapy. Families experiencing difficult communication between members may also find Internet or email communication a less threatening way to reconnect than telephone or face-to-face meetings (King et al., 1998).

The main challenges raised in the literature that are related to online family therapy or counselling centre on the lack of non-verbal cues (Gilkey et al., 2009; Jencius & Sager, 2001) and an inability to witness interactions (Pollock, 2006). Families also need to be coached regarding appropriate use of email in a therapeutic context. The discouragement of impulsive, hostile or negative comments without a cooling-off period, for example, recognises and draws attention to the permanency of email records (King et al., 1998).

Casey and Halford (in press) suggested that online services are also relevant to family and relationship education and early intervention. There have been some successful applications to couple relationship services, such as RELATE with Couple Care.[5] Internet-based treatments can also be useful when clients are unwilling or unable to access help due to the nature of the difficulties they are experiencing. Casey and Halford (in press) used the example of a problem gambler, where the shame and secrecy surrounding gambling may be overcome by Internet-based treatments that are accessed in private. Initiatives that address these concerns are likely to have a follow-on positive effect for families.

Conferencing facilities have been used in family work. Within their clinical mental health practice, Looi and Raphael (2007) noted that teleconferencing has been a useful and well-received intervention to involve geographically separated family members in care plans. Gilkey et al. (2009) reported on the use of videoconferencing in family therapy for families of children with a traumatic brain injury. Videoconferencing sessions were well received by participants, with 90% rating the website accompanying the sessions and 88% rating the videoconferencing itself as moderately to extremely helpful. Many, however, were still uncomfortable with videoconferencing, with around 20–30% of participants rating it as not at all or a little helpful compared with face-to-face therapy.

> **Online therapy shows promise for family relationship work, including couples education and especially for families who are unable to meet face-to-face or experience difficult communication.**

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5   For more information, see <www.aifs.gov.au/afrc/pubs/newsletter/n4pdf/n4b.pdf>.

Family dispute resolution

One particular application of the use of technology in service delivery is in the area of dispute resolution, the application of which is potentially relevant to families and post-separation service provision. The following section explores existing literature regarding online dispute resolution. Although its use in family work is limited, general principles drawn upon in this section remain relevant.

Online dispute resolution is used to resolve varying disputes, such as family, workplace, e-commerce, insurance and political conflict (Conley Tyler & Raines, 2006), yet very little research has occurred so far which has examined its efficacy, and less still that is specific to its application to family dispute resolution (Raines, 2006).

Much information on how online dispute resolution is undertaken comes from accounts of actual practice. For example, Raines (2004, 2006) shared her personal experience as an online dispute resolution provider, and Table 3 summarises some of her insights along with other relevant points from the literature. The main focus of these insights is on the differing nature of the interactions (compared with online therapy, as discussed elsewhere in the paper) due to the conflict involved.

Table 3. Insights into online dispute resolution

- Online clients tend to express higher levels of anger during early communication in the mediation process, as the online environment provides fewer inhibitions. However, strong language may be used due to a lack of body language and a need to explicitly communicate emotion.

- Mediators need a thick skin, as less respect is often shown than in a face-to-face session. Anger may be directed at the mediator, but there is also more time to calm down, reflect and make an appropriate response.

- There is a need to be patient for both mediators and clients, as there is a learning curve with new technologies.

- Good boundaries need to be established, in order to resist the temptation to mediate in the middle of the night due to its convenience.

- Ground rules relevant to mediation still apply, as it is only the method of service delivery that differentiates it from face-to-face mediation.

- Summary statements remind people where they are up to in the process, particularly if communication is asynchronous and/or sessions are happening over days or weeks.

- Anecdotal information suggests that it is more common for clients to "walk-out" of an online mediation session.

- One exploratory study of online mediation also highlighted the necessity for all participants to have the chance to become familiar with the relevant technology through preparatory information and/or a "walk through" of technology and the virtual meeting space (Hammond, 2003).

- Asynchronous communication in online dispute resolution (e.g., email) gives everyone the opportunity to reflect, refine positions, consider proposals and offers without having to make an immediate decision, and cuts out interruptions (Raines, 2006; Syme, 2004). There is some suggestion, however, that asynchronous communication can be used in manipulative or destructive ways, as it is easier to avoid a response (Syme, 2004).

Source: Raines (2004, 2006)

Many of the benefits and challenges of online dispute resolution outlined in the literature are similar to those in Table 1. More specific points relevant to dispute resolution include:

- Power imbalances can occur, for example, greater literacy (Syme, 2004) and keyboard skills (National Alternative Dispute Resolution Advisory Council [NADRAC], 2002) are an advantage. The online environment, however, removes the possible advantages that people who are physically attractive, articulate, well educated or from a dominant culture have in face-to-face dispute resolution (Conley Tyler & McPherson, 2006).

- Asynchronous methods of communication make it easier to avoid a response that can be used in manipulative and potentially destructive ways (Syme, 2004).

- Syme (2004) suggested that the loss of information in telecommunications, in the case of online dispute resolution, may have an impact on issues such as trust. Online dispute resolution, however, may be appropriate where interpersonal dynamics are destructive—for example, where conflict, violence or abuse, confinement or imprisonment are involved (Conley Tyler & McPherson, 2006).

- Clients have breathing space in high emotional or distressing moments (Conley Tyler & McPherson, 2006).
- Social, cultural and psychological barriers may be even more important in online dispute resolution—as is the unfamiliarity that clients may have with alternative dispute resolution in general, let alone via new technology (NADRAC, 2002; Syme, 2004).
- Collaborative software (which allows people to connect by exchanging information and schedules) can be used to reduce parental conflict and reduce hostility in negotiating parenting arrangements post-separation (Conley Tyler & McPherson, 2006).

Weighing up the benefits and challenges is not always clear-cut. One mediator in the study by Hammond (2003) nicely articulated these issues by stating:

> For each negative difference there appears to be a positive one … No positive body language is offset by no negative body language. No immediacy is set off by time to think. No face-to-face impression is set off by no initial prejudices. (p. 276)

In particular, this last point raises the question of whether conducting mediation online, in cases where both parties are deemed suitable and risks are minimal, is preferable, due to the importance of impartiality.

Application to families

Very little research thus far has concentrated on the efficacy of online dispute resolution in cases involving families, although several businesses now offer dispute resolution for family matters. Conley Tyler and McPherson (2006) drew together some examples, including:

- Our Divorce Agreement[6]—which is US-based but provides an online Australian uncontested divorce agreement and filing forms for the Family Court of Australia;
- Family Winner and Family Mediator[7]—Australian computer programs designed to provide support around post-separation negotiations and decisions; and
- Our Family Wizard[8]—a US collaboration software tool designed for family/parenting disputes, which is expanding internationally.

Conley Tyler and McPherson (2006) suggested that commercial development of family online dispute resolution systems is difficult, due to issues such as development costs, but point out the potential role of Family Relationship Centres to drive further developments.

In Australia, online family dispute resolution is offered by a growing number of businesses, both in its own right and as an extension of existing services. An example of such a service is Resolution Online,[9] operating since May 2007. Katherine Graham, director of Resolution Online, reported that as yet no evaluation has occurred, but the business has grown considerably. Once couples are engaged and on board with the process, the sessions work as effectively as face-to-face and are particularly suitable for removing the emotion from a situation, and for relationships with a history of violence. The differing locations of parties is the main reason given for engaging with Resolution Online, and assessing parties' ability to use the online medium is considered important. A formal evaluation is planned for the future (K. Graham, personal communication, 17 March 2009).

Overall, the application of online dispute resolution to family relationships appears to be in its infancy, but shows potential. Above and beyond the benefits and challenges for online service delivery of family relationship services overall, further consideration needs to be given to the specific characteristics of dispute resolution that may be better dealt with online (e.g., where violence is concerned, parties are geographically separated) or that may prove a barrier to its use (e.g., avoidance tactics that are magnified in the online environment).

> **Online dispute resolution is an emerging field that shows potential, and is beginning to be applied to family dispute resolution. Research on its effectiveness is lagging behind its application.**

6   <www.ourdivorceagreement.com>

7   <http://blogs.zdnet.com/emergingtech/?p=654>

8   <www.ourfamilywizard.com>

9   <www.resolutiononline.com.au>

Conclusion

Online therapy and dispute resolution in family relationship services shows a great deal of promise. Yet, as Skinner and Latchford (2006) stated, it is difficult to come to any conclusion except that the lack of an increase in the availability and uptake of online therapy appears somewhat inconsistent with the general support of clients and therapists. There is a clear need for therapists and counsellors to adjust to the changing world of therapy and, at the least, anticipate some clients' desire to use online services and educate themselves proactively to meet this need (Conley Tyler & McPherson, 2006).

There are still many questions, however, regarding who is best suited to online therapy. The literature points to a general conclusion that online therapy will suit some people but not others, and some problems but not others. Yet there are lingering questions regarding the right mix of online programs and face-to-face therapy, how it is best delivered and under what circumstances people will benefit (or not) (Cavanagh & Shapiro, 2004; Griffiths et al., 2007; Mackinnon et al., 2008) and how to effectively integrate online therapy with other models of care (Cavanagh & Shapiro, 2004). In the case of online dispute resolution, these considerations are in their infancy.

The current literature indicates that online therapy and dispute resolution is a promising way forward. There is an inherent difficulty with researching the use of telecommunications in therapeutic settings, due to rapid ongoing advances in technology. Yet considering the increasing proliferation of online therapy sites, it appears that there is an urgent need for ongoing, quality evaluation of such programs to supplement the work outlined in this paper.

Resources

Books

Several good, practical guides to setting up and conducting online therapy have been published, including:

Jones, G. (2009). *Online counselling: A handbook for practitioners*. London: Palgrave MacMillan. Available at: <www.openleaves.com.au/products/Online-Counselling.html>

Topics include:

- making a start;
- the online contract;
- counselling asynchronously (email, message board) and synchronously (chat);
- using text to explore feelings;
- working therapeutically online with image and sound;
- supervision online;
- an overview of useful theories;
- boundaries and online counselling; and
- putting it all into practice.

Evans, J. (2009). *Online counselling and guidance skills: A practical resources for trainees and practitioners*. London: Sage Publications. Available at <www.psychotherapy.com.au/pages/bookstore/books_details.asp?isbn=9781412948654>

Topics include:

- framework for practice when using online counselling skills;
- establishing an online presence and online relationship;
- online expression;
- online listening, attunement and attending to the client;
- establishing and maintaining an open dialogue;
- online assessment and contracting;
- professional considerations in online practice; and
- professional guidelines for online practice.

Online therapy/counselling services

Directory of e-mental health therapies and services

beyondblue has established a directory of e-mental health therapies and services within Australia, with input from a range of organisations. Each listing contains a description of the program, the conditions it covers, how to get access, whether there is a cost, who developed it, whether it has been evaluated and other relevant details.

<www.beyondblue.org.au/index.aspx?link_id=107.1203>

Relationships Australia—Relationship Help Online <www.relationshiphelponline.com.au>
Includes information on e-counselling, how it works, FAQs, advantages and disadvantages, guidelines for use, as well as offering online counselling.

Programs run by the Swinburne eTherapy Unit include:
<www.anxietyonline.org.au>

<www.swinburne.edu.au/lss/swinpsyche/etherapy/programs.html>

Turning Point Alcohol and Drug Centre—Counselling Online <www.counsellingonline.org.au/en>

e-therapy <www.e-therapy.com.au>

Mental Earth Community—online discussion forums <www.mentalearth.com>

Good Days Ahead <www.mindstreet.com>
An interactive program for depression and anxiety, which can be used under the supervision of a clinician or in a self-help format.

Beating the Blues <www.beatingtheblues.co.uk>
A cognitive behavioural therapy treatment for depression and anxiety.

Moodgym <http://moodgym.anu.edu.au/welcome>
A cognitive behavioural therapy treatment for depression.

Training

OnlineCounsellors.co.uk online training programme <www.onlinecounsellors.co.uk>

Designed for practitioners who wish to explore and develop their online presence. This **6 module certificated course** of study introduces online therapeutic communication from both a theoretical and practical stance, based on published research, international expert opinion and years of experience.

References

Abbott, J., Klein, B., & Ciechomski, L. (2008). Best practices in online therapy. *Journal of Technology in Human Services*, *26*(2/4), 360–375.

Armstrong, S. (2002). Journeys to a brave new world? *Developing Practice: The Child, Youth and Family Work Journal*, *5*(Summer 2002–03), 20–26.

Australian Bureau of Statistics. (2006). *Household use of information technology 2005–2006* (Cat. No. 8146.0). Canberra: Author.

Barak, A., Hen, L., Boneil-Nissim, M., & Shapira, N. (2008). A comprehensive review and a meta-analysis of the effectiveness of Internet-based psychotherapeutic interventions. *Journal of Technology in Human Services*, *26*(2), 109–160.

Bischoff, R. (2004). Considerations in the use of telecommunications as a primary treatment medium: The application of behavioural telehealth to marriage and family therapy. *American Journal of Family Therapy*, *32*(3), 173–187.

Casey, L., & Halford, K. (in press). Couples and the silicon chip: Applying information technology to couple relationship services. In. K. Hahlweg, D. Baucom, & M. Grawe-Gerber (Eds.), *Enhancing couples: The shape of couple therapy to come*. Cambridge, UK: Hogrefe Publishing.

Cavanagh, K., & Shapiro, D. (2004). Computer treatment for common mental health problems. *Journal of Clinical Psychology*, *60*(3), 239–251.

Chester, A., & Glass, C. (2006). Online counselling: A descriptive analysis of therapy services in the Internet. *British Journal of Guidance and Counselling*, *34* (2), 145–160.

Conley Tyler, M., & McPherson, M. (2006). Online dispute resolution and family disputes. *Journal of Family Studies*, *12*(2), 165–183.

Conley Tyler, M., & Raines, S. (2006). The human face of on-line dispute resolution [Colloquy]. *Conflict Resolution Quarterly*, *23*(3), 333–342.

Cook, J., & Doyle, C. (2002). Working alliance in online therapy as compared to face-to-face therapy: Preliminary results. *Cyberpsychology and Behavior*, *5*(2), 95–105.

Gilkey, S., Carey, J., & Wade, S. (2009). Families in crisis: Considerations for the use of web-based treatment models in family therapy. *Families in Society: The Journal of Contemporary Social Services*, *90*(1), 37–45.

Griffiths, K., & Christensen, H. (2007). Internet-based mental health programs: A powerful tool in the rural medical kit. *Australian Journal of Rural Health*, *15*, 81–87.

Griffiths, K., Farrer, L., & Christensen, H. (2007). Clickety-click: E-mental health train on track. *Australasian Psychiatry*, *15*(2), 100–108.

Hammond, A. (2003). How do you write "Yes"? A study on the effectiveness of online dispute resolution. *Conflict Resolution Quarterly*, *20*(3), 261–286.

Hand, T., Chung, D., & Peters, M. (2009). *The use of information and communication technologies to coerce and control in domestic violence and following separation* (Stakeholder Paper No. 6). Sydney: Australian Domestic and Family Violence Clearinghouse.

Hines, M. (1994). Using the telephone in family therapy. *Journal of Marital and Family Therapy*, *20*(2), 175.

Hunt, C., Shochet, I., & King, R. (2005). The use of email in the therapy process. *Australian and New Zealand Journal of Family Therapy, 26*(1), 10–20.

Jacobs, M., Christensen, A., Snibbe, J., Dolezal-Wood, S., Huber, A., & Polterok, A. (2001). A comparison of computer-based versus traditional individual psychotherapy. *Professional Psychology: Research and Practice*, *32*(1), 92–96.

Jencius, M., & Sager, D. (2001). The practice of marriage and family counseling in cyberspace. *The Family Journal*, *9*, 295–300.

King, S., Engi, S., & Poulos, S. (1998). Using the Internet to assist family therapy. *British Journal of Guidance and Counselling*, *26*(1), 43–52.

Liebert, T., Archer, A., Munson, J., & York, G. (2006). An exploratory study of client perceptions of Internet counseling and the therapeutic alliance. *Journal of Mental Health Counseling*, *28*(1), 69–83.

Looi, J., & Raphael, B. (2007). Reflections on therapy in the era of the Internet. *Australasian Psychiatry*, *15*(4), 334-337.

Mackinnon, A., Griffiths, K., & Christensen, H. (2008). Comparative randomised trial of online cognitive-behavioural therapy and an information website for depression: 12-month outcomes. *The British Journal of Psychiatry*, *192*, 130–134.

National Alternative Dispute Resolution Advisory Council. (2002). *Dispute resolution and information technology: Principles for good practice.* Canberra: Author.

National Alternative Dispute Resolution Advisory Council. (2003). *Dispute resolution terms: The use of terms in (alternative) dispute resolution*. Canberra: Author.

Pollock, S. (2006). Internet counseling and its feasibility for marriage and family counseling. *The Family Journal*, *14*, 65–70.

Postel, M, de Haan, H., & De Jong, C. (2008). E-therapy for mental health problems: A systematic review. *Telemedicine and e-health*, *14*(7), 707–714.

Primerano, F. (2004). *Multicultural Australia, information technology and online dispute resolution*. Paper presented at the Proceedings of the Third Annual Forum on Online Dispute Resolution. Retrieved 24 April 2009, from <http://www.odr.info/unforum2004/Primerano.HTM>

Proudfoot, J. (2004). Computer-based treatment for anxiety and depression: Is it feasible? Is it effective? *Neuroscience and Biobehavioural Reviews*, *28*, 353–363.

Raines, S. (2004). *The practice of mediation online: Techniques to use or avoid when mediating in cyberspace*. Retrieved 10 June 2009, from <http://www.odr.info/unforum2004/raines.htm>

Raines, S. (2006). Mediating in your pajamas: The benefits and challenges for ODR practitioners. *Conflict Resolution Quarterly*, *23*(3), 359–369.

Recupero, P., & Rainey, S. (2005). Informed consent to e-therapy. *American Journal of Psychotherapy*, *59*(4), 319–331.

Rochlen, A., Zack, J., & Speyer, C. (2004). Online therapy: Review of relevant definitions, debates and current empirical support. *Journal of Clinical Psychology*, *60*(3), 269–283.

Santhiveeran, J. (2004). E-therapy: Scope, concerns, ethical standards and feasibility. *Journal of Family Social Work*, *8*(3), 37–54.

Santhiveeran, J. (2009). Compliance of social work e-therapy websites to the NASW Code of Ethics. *Social Work in Health Care*, *48*, 1–13.

Shearsby, J. (2009). Facebook may lead to dual relationships [Letters to the editor]. *InPsych*, *31*(2), 21.

Skinner, A., & Latchford, G. (2006). Attitudes to counselling via the Internet: A comparison between in-person counselling clients and Internet support group users. *Counselling and Psychotherapy Research*, *6*(3), 158–163.

Suler, J. (2001). Assessing a person's suitability for online therapy: The ISMHO clinical case study group. *Cyberpsychology and Behavior*, *4*(6), 675–679.

Syme, D. (2004). New worlds of dispute resolution: Information technology, conflict and its resolution. *Law in Context*, *22*(1), 130–153.

Ybarra, M., & Eaton, W. (2005). Internet-based mental health interventions. *Mental Health Services Research*, *7*(2), 75–86.

Glossary

Asynchronous communication – the client and therapist do not have to be sitting at their computer at the same time, resulting in a stretched timeframe in which interaction occurs.

Descriptive immediacy – therapist provides images for the client to help them understand the written words, e.g., "As I consider your success, my smile is a mile wide and I'm nodding my head saying, yes, you did it!"

Emoticons – facial expression made with keystrokes, to express feelings or attitudes, e.g., ☺, ☹.

Emotional bracketing – the placement of emotional content of words in the body of a text-based message using brackets, e.g., "I haven't heard from you for some weeks (concern, worry)".

Empirical research – research based on experimentation or observation, i.e., evidence. Empirical research is often conducted to test a hypothesis or answer a specific question.

Online dispute resolution – processes where a large part, or all of the communication in the dispute resolution process takes place electronically, particularly via email (National Alternative Dispute Resolution Advisory Council, 2003)

Online support group – a group of people who offer support to each other related to a shared problem, via the Internet.

Online therapy – in this paper, online therapy is a catch-all term that may also be described as e-therapy or web-based therapy.

Synchronous communication – the client and therapist are sitting at a computer at the same time, interacting in the moment.

Therapeutic alliance – the collaboration between therapist and client to facilitate healing.