**Online Psychotherapy : are we ready for the ethical challenges ?**

**ABSTRACT**

Advances in information and communication technology have facilitated the development of online psychotherapy. This form of psychotherapy would provide the developing world with better access to professional mental health care services. At the same time it is prudent that we carefully consider various ethical, legal and regulatory issues involved in online psychotherapy. The present review highlights the major ethical issues surrounding the use of online therapy conducted via e-mail, chat rooms, or interactive video and identifies practical solutions for ethical dilemmas that exist. Consensus on the subject is hard to find, and many authors and organizations have offered their opinions.This has led to a skewedness in advice and psychologists considering expanding their practice to include online psychotherapy would certainly be vexed with the scarcity of literature available. This paperwhile reviewing the existing literature seeks to operationalize and systematize the major ethical issues in this area particularly from a developing country perspective.

***Key words*:** online psychotherapy, ethical issues, psychotherapy, online.

**INTRODUCTION**

Rapid development in information & communication technology over last few decades coupled with the technological progress in mobile and computer devices have significantly increased the access and affordability of these services for populations in developing countries (1). According to the diffusion innovation theory, availability, affordability and accessibility of a new technology is critical in any population, but it is also essential to assess how fast and how well the population accepts and adapts a particular technology (2). Online psychotherapy is a prime example of how technology and society have interacted in providing mental health intervention and has thus impacted the field of mental health.

Early scholarly work on online psychotherapy expressed some concerns on people’s willingness to let audio-visual communication channels be part of their everyday lives. So initial prediction was that online psychotherapy might only be acceptable in large hospital settings (3).Scientific literature on this subject has exploded in recent years, though presently no commonly accepted set of suggestions for ethical practice of the same exists (4). Many researchers and organizations have offered their suggestions, leading to such a variation in advice that psychologists who consider expanding their practice to include online psychotherapy would certainly be confused (5). The aim of this paper is to highlight the ethical issues surrounding the use of online psychotherapy, i.e. psychotherapy that is conducted via e-mail, chat rooms, or interactive video conversation and a proposal of practical solutions that can be implemented by psychotherapists interested in practicing online therapy is suggested.Clinicians have alwaysbeen vary about the dangers of introducing technology into psychotherapy and some organizations have banned its members from practicing online psychotherapy on the basis that it is fundamentally unethical (6).

Some therapists argue that online psychotherapy is currently unethical, though the future shall warrant its use and many feel that a face to face psychotherapy session are the only form of psychotherapy that is valid (7).We wish to argue that specialized suggestions for the ethical practice of online psychotherapy are necessary to assist those therapists who are already conducting online psychotherapy and thus probably find that their own professional code of ethics is not specific enough to navigate them through the many dilemmas that inevitably arise in this arena (8).

**TOWARDS A DEFINITION AND CLASSIFICATION OF ONLINE PSYCHOTHERAPY**

Scientists define online psychotherapy as any type of professional psychotherapeutic interaction that makes use of the internet to connect qualified mental health professionals and their clients (9).The exact definition of ‘online psychotherapy’ and ‘online psychotherapist’ is still under debate but the definition cited in the previous sentence points out three critical components viz. that online psychotherapy requires (i) a professional therapeutic interaction, (ii) a willing and consenting mental health professional and client, and (iii) a computer or any other portable device (mobile phones, ipad, smart phones) with internet service.

Various modalities of online psychotherapy have been described in the literature. We shalI briefly summarize the main modes of online psychotherapy while highlighting their benefits and limitations. For a more detailed review on the subject the reader shall have to refer to other resources (10). It is worthwhile noting that none of the modalities are dichotomous but include a span in between and many overlap each other to an extent.

**Synchronus/Asynchronus Online Psychotherapy**

‘Synchronus’ literally means in real time. Most communication between therapist and client in this method is text based with chat facility or through an online phone conversation that may be video based. Synchronus appointments can be made between the therapist and the client such that both of them are online simulatenously and communicate either through videoconference or internet telephony. This allows clients to feel ‘real’ presence of the therapist and might have better therapeutic success. The therapist can assess speech of the person, pauses, change of voice or tone, facial expression and affect if a video is being used and gather more nonverbal clues via use of emoticons, typing in bold case etc. in chat mode. This mode has a perceived advantage of maintaining boundaries between therapist and client for interaction and is limited to pre-agreed appointments by both parties.Asynchronus text based therapy often takes place via emails where the client can send his reflections, thoughts or essays to the therapist whenever in distress. It gives space and time for clients to reflect and has similar advantages as journaling or reflective writing with additional feelings that the therapist is available when the client needs it. The therapist responds to the client via email at a time suitable to him/her. Regular exchange of emails between client and therapist allow both of them to review and assess progress of their therapeutic work. These exchanges can be saved completely as a record of the entire therapy. The time difference between therapist and client is less worrisome here as long as agreements have been made about the time frame takenby the therapist to respond to clients. Many online psychotherapists have noted that clients were more open and spontaneous in narrating their issues through email because they did not have to face the therapist.This mode involves a key ethical issue of confirming the identity of the client, which we shall discuss in paragraphs below.

**Text/ Sensory Online Psychotherapy**

Text based communication can be through emails, instant messages and chats, while sensory communication is via internet telephony or video phone calls using Skype. Nonverbal clues such as facial expression and affect are likely to be lost in text based communication. The reply from therapists might also come across formal and at times harsh leading the client to feel dejected and rejected. Sensory modalities compensate and provide richer means of communication but are difficult to fully document when compared to text based communication. Some clients are able to express themselves better in written format while others verbally. The mode of communication with each client needs thorough discussion and choice as per what works the best for the client must be made.

**Actual / Imaginary Online Psychotherapy**

This modality makes use of imagination or fantasy based communities in cyberspace. Various multimedia chat communities exist, both text based and visual. In actual interaction, both therapist and client retain their own identity where as in the imaginary method; the client has a chance to choose a chat avatar for him/her. Excessive focus on imagination could be detrimental to few patients such as those with psychotic disorders and therapists need to be careful while choosing a client for this mode of treatment.

**Automated /Interpersonal Online Psychotherapy**

Automated computer based therapy might be a reality in the future but will still need the therapist in supervising and monitoring automated computer based therapy either in individual or group sessions. Presently though, we focus on the interpersonal modality where therapeutic relationship between therapist and client is internet mediated.

**ADVANTAGES OF ONLINE PSYCHOTHERAPY**

The most frequently cited reason favouring online psychotherapy revolve around convenience and increasing access to underserved populations (11). Online psychotherapy could definitely assist individuals willing to seek professional help but getting bogged down in terms of stigma due to the same in society. Online psychotherapy can be accessed from any place they find safe and private and maintenance of confidentiality is assured.

Online psychotherapy can be a boon for those with restricted mobility or access due to illness, physical disability and ageing provided they are able to access and operate a computer and the internet (12).Online psychotherapy also benefits clients who travel a lot and can continue to stay in touch with therapists while supplementing the same with face to face ssessions when possible.It also aids family sessions when the members of one family are scaterred across different cities or countries (13).Despite these advantages, there is a dearth of research on whether online psychotherapy is an effective therapeutic modality (14).

Psychologists studying online behaviour have proposed and proven an ‘Online Disinhibition Effect’ when people write or speak online (15). This could be an advantageous in online psychotherapy where clients might open up faster and express their most sensitive and personal issues in an environment which provides them anonymity and invisibility. Many clients feel threatened or afraid to talk face to face as they feel being judged or rejected by the therapist (16). Online psychotherapy provides them necessary ‘virtual presence’ of qualified professionalsand at the same time sense of ‘invisibility’, as they do not have to face the therapist in person. Such clients who are reluctant to access mental health care, might after a positive experience with online psychotherapy, take the next step of continuing psychotherapy face to face if needed (17).Yet another advantage of online psychotherapy is telepresence which is a feeling (or illusion) of being in the presence of someone without sharing immediate physical space (18).Supporters of online psychotherapy highlight advantages of text only talk in diminishing distractions due to actual presence of another person and helps one focus on their own problems (19).

**LIMITATIONS AND LINKED ETHICAL CHALLENGES**

**Dehumanization of the therapeutic environment**

It is often argued that the healing in psychotherapy takes place in a relationship between the therapist and the client. Many psychotherapist reject online psychotherapy for its effect on dehumanizing this therapeutic environment. Lack of nonverbal clues in text based online psychotherapy is particularly vulnerable in this regard. The therapist is unable to get a full picture of the client and hence might not be able to pick up critical nuances that could help in modifying the therapy or even to reassess the initial diagnosis. Client might perceive the formal reply from the therapist harsh and rejecting in the absence of personal interaction. Various client related, therapist related, issue related aspects need to be taken into account before starting online psychotherapy.

**Privacy and confidentiality concerns**

This is most difficult at the same time most crucial aspect of online psychotherapy. Let us begin with examining various levels where privacy and confidentiality of clients and exchanges during therapy could be compromised. At the clinic of the therapist, it is wiser to invest in a good computer and sound internet infrastructure with strong firewall and password protection for emails, chat/messenger/phone facility and storage of notes of therapeutic exchanges including emails. Clients should be explained a necessity for having secure email accesses and the preferableuse of a home rather than work computer. Clients should ensure that no one in their family has access to their private email made solely for online psychotherapy. Use of computers in cybercafés should be discouraged for the therapeutic purposes.

There are many simple things clients could do to protect their own confidentiality. A client should always participate in online psychotherapy in a private room where family members are not likely to intrude. The therapist should be particularly concerned about this when domestic violence is a problem at hand. A client can delete old e-mails keeping in mind though, that when a file is deleted on a computer, it is usually not destroyed but instead marked and overwritten at a later date meaning that deleted files may be recovered (20). The therapist should be as explicit as possible in answering questions and in instructions given to the client. E-mail can be made significantly more secure through encryption. The encryption process often requires special software to be installed, and both therapist and client may be required to have same softwares.The decision to use encryption alone does not make online therapy ethical or unethical. Encryption greatly increases privacy and can be useful in confirming the identity of whoever reads or sends e-mails (21).

Video teleconferencing has perhaps lowest potential for increased security. Although identity verification is not a problem, preventing someone else from intercepting a video stream is usually difficult. Most of the time, video encryption is not possible or available. Teleconferencing typically requires fast computers and broadband connections for both therapist and client. Securing electronic communicationscan be an expensive undertaking with no guarantee that the security is full proof (22).

**Identity Verifications when Online**

Identity verification is always worrisome when working online. Even if guaranteed that the therapist is always interacting with same clients, it is difficult to know whether those people are who they are supposed to be. This is pivotal if therapists are to deal ethically with emergencies as possible suicides or homicides. Many authors agree that ethical online therapy requires that the therapist have access to emergency resources near the client’s residence, such as another therapist or the local legal and police authority (23).Address verification of the client is a must and some therapists propose that online therapists obtain a client’s credit card number to verify the name, address, and phone number. Sometimes in unfortunate circumstances, a child / adolescent might use a parent’s credit card number and pass himself or herself off as an adult. Online therapy without explicit permission of parents is ethically bothersome in case of children and adolescents. If services are paid for using credit cards, therapists must have a secure system of accepting credit card payment so that inevitable frauds do not occur.A therapist can also verify identity of clients by asking them to email documents like a birth certifcate, drivers liscence and passport copy. One negative consequence is that clients may feel that therapists are too demanding and non trusting thereby resulting in failure to pursue treatment or inadvertent delays for the same (24).

Some authors argue that online therapy should be conducted in conjunction with face-to-face therapy, or with a prerequisite meeting in person, so that identity can be verified by conventional means. The disadvantage is that a personal meeting is difficult for people contacting the therapist from long distance. However, limiting online psychotherapy to local clients avoids a multitude of ethical and legal dilemmas. It also becomes easier for the therapist to see clients in person if beneficial or needed (25).

**Choosing the right client for online psychotherapy**

There are currently no rules governing the types of clients fit or inappropriate for online psychotherapy. There appears to be a general viewpoint that people with psychotic spectrum disorders or violent and aggresive personality disorders are better treated in person though these conclusions are purely clinical. Some argue that suicidal clients are not appropriate for online psychotherapy because safety is difficult to ensure and impulsiveness or dangerousness are tougher to assess in online mode. The therapist is the best judge and if he refuses to take up a client, the decision with its reasons should be made explicit to the client (26).

**Need for online psychotherapists to have requisite technological know how**

Psychotherapists in today’s era are often technologically sophisticated, but those interested in practicing online psychotherapy need to possess a relatively high level of understanding about how computers work surpassing the adequate understanding of word processing and e-mail. This is because the therapist needs to be able to troubleshoot when needed. Computers are far from perfect, and a number of potential breakdowns occur when transmitting information across networks. An online psychotherapist is obligated to solve the client’s computer based questions about relevant software and must know how to protect patient privacy and confidentiality using the same software (27). The ability to anticipate and prevent problems requires a sufficient level of knowledge and precludes a crude trial and error approach. A therapist must also be skilled in whatever medium is being used and must possess skills in self-expression through text. A therapist using video teleconferencing must be comfortable in dealing with the occasional breaks in audio or video that are common in the technology (28). Writing e-mails can be more thoughtful and focused (given enough time) than speech but might reduce spontaneity. Sarcasm, for example, is difficult to recognize in text, and someone replying may not take the time to consider the overall mood or tone of the original message, potentially resulting in a serious misunderstanding. The impulsiveness that results from mimicking verbal banter is compounded by the anonymity of the online environment, which tends to have a disinhibiting effect on behaviour (29).

It is argued that without visual, aural, or olfactory information that therapists are accustomed to, it is difficult to perform a thorough diagnosis of the mental status of clients. E-mail cannot communicate the smell of alcohol on a man who denies having had anything to drink. E-mail does not capture the nervous body language of someone uncomfortable discussing a sensitive issue. Changing fonts, case, or style or the use of emoticons can all imply subtleties of nonverbal expression, albeit crudely, and online psychotherapists should be aware of these conventions (30).

The client also needs to be skilled enough to type (assuming text-based therapy is being practiced), to spell correctly, and possess grammar skills to communicate clearly. This minimizes great potential for misunderstanding that exists with text-based therapy. This requirement of client competence in technology and text-based communication raises several implications (31).

**Jurisdiction constraint and regulatory oversight**

These challenges are well documented in the United States where each state has different legal requirements regarding therapeutic exchange disclosure in relation to suicidal tendencies, self-harm, child abuse, and sexual abuse (32). This gets complicated in India when the client and the therapists are situated in different countries. It is advisable to discuss crisis intervention before the start of therapywhen therapists and clients are geographically spread out. The therapist needs to explain to the client his obligations to report certain aspects of the therapeutic exchanges in scenarios such as suicidal tendencies, likelihood of harm to the others, history of sexual abuse or child abuse to concerned authorities if legally bound. This will be critical when the therapist is based in India but the client is in the US or UK and there might be confusion on which countries laws will apply in these situations (33).

**Lack of formal training, code of ethics and treatment guidelines**

The education system in psychology, psychotherapy and psychiatry has not yet fully incorporated elements of online psychotherapy in their curricula. There is no separate licensing for providing online psychotherapy. In some places, therapists are required to gather necessary skills and qualifications on their own which is quite expensive. The available guidance, codes of conduct and responsibility from professional organizations provides limited information on online psychotherapy. Another factor is guidance on fees to be charged for online psychotherapy (criteria for determining the same), insurance reimbursing these costs as well as means to assess the effectiveness of therapeutic intervention through online psychotherapy. Though not fully applicable in the Indian context at this moment, it is worthwhile to think about some of these issues when developing Indian guidelines for practice of online psychotherapy (34).

**Accreditation of therapists providing online psychotherapy**

As online psychotherapy takes roots and grows in India, professional organizations of psychology and psychotherapy will have a bigger role in ensuring that services provided through online psychotherapy meet professional standards. There is otherwise a danger that any body with some interest or understanding of coaching, therapy, counseling with access to internet, computer starts advertising him/herself as a professional online psychotherapy provider. Without adequate monitoring, such services could mushroom everywhere thus harming people rather than providing them benefit. Professional organizations need to draw guidelines and professional codes of conduct where every therapist willing to provide online psychotherapy is well qualified, registered, carefully monitored and accredited for the quality and authenticity of his/her services. This would be an essential step to establish ethical and truly beneficial service of online psychotherapy in India.

**Advertisement for providing online psychotherapy services**

The advertisement posted on an online psychotherapy website should be considered representation of the therapist, and the therapist should be able to vouch for the quality of the advertised site. The therapist’s authority should not be used to help solicit business. Less ethically problematic is unpaid advertising in the form of links to other relevant websites. These websites may be informational in nature, posted so that clients may have other resources to information if desired. A separate page for links to other sites is most appropriate to avoid the appearance that the therapist has an official relationship with those sites. The therapist should have visited the sites listed and be able to vouch for their quality(34).

**Fees for providing online psychotherapy**

It is ethical to charge a fee for online therapy, though insurance companies may be resistant to compensate for it. Fees may vary widely depending on the services and the experience of therapists. Many therapists do not charge their clients for occasional telephone conversations, e-mails, or online chats, particularly with clients already being seen face-to-face. Psychologists should refer to the American Psychological Association ethics code standard for further guidance with fee arrangements (35).

**Disclosure Forms and Consent for Online Psychotherapy**

A website should be designed so that disclosure of policies and information related to informed consent is easily accessible to clients. This could mean that every new client is required to read and agree to the policy or that each new client is automatically e-mailed the same document (36). Informed consent information might include the following for online psychotherapy viz. (37)

1. Detailed description of the services provided. Some may try to avoid legal liability by describing services as psychoeducational or coaching. If psychotherapy is not provided then one must clearly mention what the client should expect.
2. Acknowledgment of the non-validated nature and sparce research evidence of online psychotherapy must be mentionedon the website.
3. Listing of what degree or degrees the therapist has, whether the therapist is licensed, and resource for the potential client to check the therapist’s credentials must be there. Fraud is much easier to commit when protected by the anonymity of virtual reality, and ethical online therapists should work hard to verify their own identities and credentials if they wish to keep the public’s trust in using online therapy.
4. A requirement that clients provide a proof of identity and location must be mentioned. Location is necessary so the therapist can establish emergency resources.
5. Acknowledgment of the limits of confidentiality and privacy as well as suggestions for increasing security must be specified.
6. Estimates of what clients should expect in terms of how fast the therapist may respond to e-mails as well as general boundaries must be clearly laid out and adhered to.
7. The phone number or address of the appropriate governmental or association office or department should be provided in case clients wish to complain about the services rendered, assuming they are considered psychological services that fall under the regulatory authority.Online practitioners should also disclose the unique nature of their practice to third-party payers. An insurance company may or may not approve of services conducted online, and an online therapist could be charged with fraud if a disapproving insurance company believes it was misled into thinking that services were conducted face-to-face rather than online.

**CONCLUSIONS**

Ethical issues in online psychotherapy are controversial and debatable, yet certain steps must be taken by the therapist to ensure ethical practice (38).Success of online psychotherapy depends on correct identification of a client who could benefit, use of an appropriate online mode of psychotherapy for that client and ensuring safety, privacy and confidentiality of personal information and data. This requires monitoring at various levels. Online psychotherapy also needs to be introduced in the formal training of mental health professional and in post graduate psychology courses. Professional organizations too play a major role in building a system of online psychotherapy that can be trusted for its content and quality of services. Issues related to confidentiality and privacy of clients and therapeutic exchanges, its interaction with legal and judicial requirements need to be dissected out further at state or national level by establishing a dialogue between various experts from mental health and legal fields as well as by incorporating the experience of those who have already been providing online psychotherapy.It would be inappropriate for this paper to take a different position from other papers because ethics are decided through discussions of various scenarios, values, moral judgements and expert opinions, and in the case of online psychotherapy consensus has not yet been reached. However, it is our position that consensus cannot be reached without the willingness of some psychotherapists to risk sailing an uncharted territory and towards that end, steps that can be taken to minimize the risk to both therapists and clients.

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Acknowledgements – Nil

Conflict of Interest – Nil

Funding – Nil