

# Characteristics of E-Therapy Web Sites

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**Objective:** This study examined what a person seeking e-therapy services might find on the Internet, and how e-therapy Web sites characterize their services and providers.

**Method:** Using the search engines Google and Yahoo!, we obtained a list of 55 e-therapy Web sites, which we reviewed from May 2005 to September 2005. We used the search terms *online counseling*, *online therapy*, and *e-therapy*. We reviewed the Web sites' content for data in 7 categories: description of services, terminology for providers, providers' qualifications, terminology for service users, characteristics of clients, information for individuals in crisis, and information about confidentiality and security.

**Results:** There was a wide range in the Web sites we accessed. Web sites often contained confusing information about the nature of the service offered and did not always specify qualifications of providers. Some providers did not appear qualified to provide the services the Web sites advertised. Other sites offered Internet-based services of legitimate mental health professionals. Most sites referred to users as *clients* rather than patients, and some sites specified criteria that would render prospective clients ineligible to receive services (e.g., suicidality). Some Web sites excluded individuals with specific diagnoses. Web sites were not generally proactive about providing resources for visitors in crisis. Less than half of the Web sites disclosed limits to client data security and confidentiality.

**Conclusion:** Experiences with e-therapy might influence a patient's attitude toward traditional psychotherapy. With the wide variety in e-therapy services that are searchable on the Web, clinicians may want to be more aware of what their patients might encounter online.

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Information technology has significantly influenced health care, from consumers who research health information online to providers who develop computer-based treatment tools. Some of the most dramatic changes have occurred in relation to the Internet. Most (85%) of those who seek health information online do so through search engines, using these tools to locate Web sites with searchable content.<sup>1</sup>

Patients with stigmatized psychiatric illnesses (e.g., depression and anxiety) are more likely than those without stigmatized illnesses to have used the Internet for health information and to use computer-mediated communication to discuss their illnesses with providers.<sup>2</sup> Many individuals living with mental illnesses find Internet support groups helpful,<sup>3</sup> and some seek help in the form of e-therapy. The mental health field struggles with the questions of whether e-therapy is ethical and whether it can be effective. Randomized controlled trials have found that the use of Web-based e-mails can improve communication between doctors and patients<sup>4</sup> and that Internet-assisted therapy (with minimal therapist contact) can reduce symptoms of depression<sup>5</sup> and panic disorder.<sup>6</sup>

While these findings are promising, most providers know little about what their patients may see or do online. For this reason, we sought to recreate the experience of a Web-savvy prospective patient searching for therapeutic services online. This article details findings from a preliminary survey, including general characteristics of e-therapy Web sites and providers located through search engines. This information may be useful to clinicians in understanding the nature of services their patients may have encountered in the past or might decide to use in the future.

## METHOD

Through the popular search engines Google and Yahoo! and using the search terms *online counseling*, *online therapy*, and *e-therapy*, we generated a list of 55 Web sites advertising the services of e-therapy providers. We obtained this sample by approximating typical Internet searching behavior: we visited successive pages of search results for each term until nonapplicable sites predominated. Using this list, we reviewed each Web site and recorded data on general characteristics of the site. We recorded how the site characterized its services, providers,

Table 1. Terms Used by 55 E-Therapy Web Sites to Describe Services Offered

Term <sup>a</sup>	No. of Sites With This Type of Statement	% of Total E-Therapy Sites
Online counseling	39	70.9
Online therapy	24	43.6
Counseling	22	40.0
E-therapy	18	32.7
Therapy	10	18.2
E-mail counseling	10	18.2
E-mail therapy	6	10.9
Internet counseling	5	9.1
Online psychotherapy	5	9.1
E-mail consultation	4	7.3
Psychotherapy	4	7.3
E-counseling	4	7.3
Advice	3	5.5
Internet therapy	3	5.5
Guidance	3	5.5
Virtual therapy	2	3.6
Chat consulting	2	3.6
Cybercounseling	2	3.6
Coaching	2	3.6
Cybertherapy	1	1.8
Psychosynthesis	1	1.8
Virtual counseling	1	1.8
E-mail counseling therapy	1	1.8
Online consultation	1	1.8
Tele-counseling	1	1.8
E-consultation	1	1.8
Therapeutic help	1	1.8
Chat therapy	1	1.8
Chat counseling	1	1.8

<sup>a</sup>Terms used in the index and promotional pages of the Web site to refer to its services.

and clients; what qualifications its providers advertised; characteristics of acceptable clients; what information (if any) was available to site visitors in crisis; and what statements were made regarding visitors' or prospective clients' confidentiality and security. Tables 1 through 3 display select results by topic. Data from our searches were collected from all freely accessible pages of a Web site from May 2005 to September 2005.

## RESULTS

### Description of Services

Because we used the search terms *online counseling*, *online therapy*, and *e-therapy*, it is unsurprising that these terms are among the most common terms used by the Web sites themselves to characterize their services. However, some Web sites also used *counseling* or *therapy* as stand-alone terms to refer to their services. Table 1 displays the results from our exploration of different service descriptions. We obtained these terms from all freely accessible pages of each Web site, but counted each site only once for a particular term. *Online counseling*, the term that drew the most relevant "hits" in searches, was the most frequently occurring term. The second most common was *online therapy*, followed by *counseling*.

While nearly three quarters of sites referred to their services as *online counseling*, almost one half of all sites referred to the service at least once as *counseling* without an "online" or "e-" qualifier. Roughly a third described their services as *e-therapy*, while fewer used the term *therapy* independently. Most of the other popular terms were similar to *e-therapy* or *online counseling*, in that they combined an Internet or electronic technology qualifier term (e.g., *e-*, *online*, *cyber-*) with a psychotherapeutic term (e.g., *therapy*, *counseling*) to differentiate their services from conventional psychotherapy. However, several sites advertised *psychotherapy*, *advice*, or fringe therapeutic services such as *psychosynthesis* and *coaching*.

### Terminology for Providers

We also examined how Web sites described their providers: were they *therapists*, *e-therapists*, or something else? Among the most common terms were *therapists* (35 sites, 63.6%); *counselors* (26 sites, 47.3%); *e-counselors*, *online counselors*, etc. (11 sites, 20.0%); and other types of specialized counseling (11 sites, 20.0%), such as *Christian counselors*. *Mental health professionals* and *psychologists* (10 sites each, 18.2%) were also advertised, as well as *social workers* and *marriage and family therapists* (9 sites each, 16.4%). Surprisingly, *e-therapists*, *cybertherapists*, *Internet therapists*, etc. were less common (8 sites, 14.5%; compared to 18 sites [32.7%] that called their services e-therapy). Fewer sites advertised psychiatrists or referred to providers as professionals (e.g., professionals, licensed professionals, online professionals, credentialed professionals) without specifying their background or approach (4 sites each). Several sites called providers *coaches* or *clinicians*. Two sites used only first-person references to the providers, such as "I/me" or "we/us." Nonpsychotherapeutic job titles for providers, such as *trainer*, *psychosynthesis holistic therapist*, *sociologist*, *interviewer*, and *consultant*, occurred with lesser frequency. One site offered e-therapy by "graduate students/interns."

### Providers' Qualifications

Nearly two thirds of sites listed the degrees attained by their providers, such as Ph.D.'s, M.S.W.'s, or M.D.'s. Over half advertised counselors' areas of expertise, such as eating disorders, sexual orientation issues, depression, and grief counseling. Only 38.2% of sites specified where the providers were licensed to practice. Fewer sites provided a link or referral to a source that could verify the providers' credentials. Several sites listed multiple therapists, and the listed qualifications varied from provider to provider. These sites were not counted for other characteristics in this category. Few Web sites listed licenses without specifying areas in which providers were licensed. One site provided the counselor's professional affiliation and curriculum vitae. Nearly one fifth of the

Table 2. Characteristics Listed by 55 E-Therapy Web Sites to Exclude Clients From Service

Exclusionary Characteristic	No. of Sites With This Type of Statement	% of Total E-Therapy Sites
Suicidal people or people who have thoughts of hurting themselves	27	49.1
Homicidal people or people who have thoughts of hurting others	20	36.4
Minors	18	32.7
People with "severe mental illness" or "acute psychiatric symptoms" (does not specify; leaves this vague)	14	25.5
People who need mental health treatment, or anyone with a diagnosable mental illness or psychiatric disorder	8	14.5
People with... (lists specific diagnoses) <sup>a</sup>	7	12.7
Severe depression (MDD)	3	5.5
Schizophrenia	3	5.5
Eating disorder	2	3.6
Dissociative disorder	2	3.6
Bipolar affective disorder	1	1.8
Anxiety disorder	1	1.8
Delusional disorder	1	1.8
Sociopathy	1	1.8
Obsessive-compulsive disorder	1	1.8
Borderline personality disorder	1	1.8
Posttraumatic stress disorder	1	1.8
Emergency/crisis situation	7	12.7
People dealing with domestic violence	6	10.9
Minors, unless parents give consent	5	9.1
People currently in treatment by another mental health professional	4	7.3
People with psychotic symptoms	3	5.5
People needing medication	2	3.6
Abuse/trauma victims	2	3.6
Provider's discretion (provider can determine if person is suitable for the service after learning more about the person)	2	3.6
Child/elder abuse situation	1	1.8
Under the influence of alcohol or drugs	1	1.8
No exclusions (site does not disqualify any prospective client)	20	36.4

<sup>a</sup>Some sites listed more than 1 diagnosis or symptom.

Abbreviation: MDD = major depressive disorder.

Web sites in our sample failed to disclose credentials or qualifications for their providers.

### Clients or Patients?

Most sites (65.5%; 36 sites) referred to users as *clients*. Far fewer sites used the term *patients*. Other terms included *users*, *individuals*, and *consumers*. Nearly every site used second-person referents (i.e., "you") to indicate the clients or the readers; some of these sites also used a term such as *client*, but some used only second-person referents.

### Client Characteristics

In keeping with our exploration of whether e-therapy sites considered their business to be therapy or some other type of service, we explored whether a site excluded certain persons from receiving services. Nearly one third of sites listed no exclusions for potential clients. The most common exclusionary criterion was suicidal or self-harming intent or thoughts (49.1%; 27 of the 55 total sites). Slightly fewer sites excluded those with homicidal thoughts or thoughts of hurting others. Nearly one third excluded persons under 18 years of age, but some allowed minors if parents gave consent. Roughly one quarter of

sites excluded those with "severe mental illness" or "acute psychiatric symptoms" without specifying what constituted severe mental illness or acute psychiatric symptoms. Others excluded those who need mental health treatment or those with any diagnosable mental illness or psychiatric disorder; again, these sites did not further specify criteria for determining whether one needs mental health treatment or has a diagnosable disorder. Several sites disqualified potential clients on the basis of specified diagnoses or conditions. Table 2 details these excluded diagnoses. Some sites excluded those in a crisis or emergency situation without mentioning suicidal or homicidal thoughts, and others claimed the service was inappropriate for those dealing with domestic violence. Few sites excluded persons currently undergoing treatment by a mental health professional. Two sites reserved the right to disqualify a prospective client and relegated this decision to the providers' discretion.

### Information for Suicidal Visitors

Because suicidal ideation was the most frequent disqualifying criterion for prospective clients, we explored which sites provided referrals or information for suicidal site visitors. Fewer than half of sites gave an indirect

Table 3. Confidentiality and Security Risks or Protections Disclosed by 55 E-Therapy Web Sites

Confidentiality/Security Risk or Protection	No. of Sites With This Type of Statement	% of Total E-Therapy Sites
The Web site does not disclose limits and risks to client data security	31	56.4
The Web site does disclose limits and risks to client data security	24	43.6
Confidentiality may be breached to comply with laws requiring reporting of suspected or actual child or elder abuse	24	43.6
Confidentiality may be breached if the client is suicidal or homicidal, or has thoughts of hurting himself, herself, or others	23	41.8
The Web site states that it will keep clients' information safe but does not state how it will do so	20	36.4
Records/communications are confidential between the therapist and the patient (or between the provider and the client)	17	30.9
Explicitly states which limited exceptions apply to the confidentiality of records	16	29.1
The Web site/service uses encryption technology (eg, mentions SSL encryption)	15	27.3
Records may be disclosed where required by law, or when compelled by lawful subpoena	13	23.6
The Web site/service states that it uses a secure server	13	23.6
The Web site states that it will not use personal information collected from clients or visitors	12	21.8
The Web site states how it will use personal information collected from clients or visitors	9	16.4
They cannot guarantee confidentiality or privacy	9	16.4
The Web site states that it does not use cookies	5	9.1
Records/communications are confidential between the patient and the Web site/company	4	7.3
Records/communications are confidential but with limited exceptions (does not specify which exceptions apply)	3	5.5
Records/communications are privileged	2	3.6
Records/communications may be disclosed to business partners	2	3.6
The Web site states that it does not use encryption technology	2	3.6
The Web site uses cookies	2	3.6
The Web site uses cookies, but users have a choice whether to accept or reject cookies	2	3.6
The Web site states that it does not use a secure server	1	1.8

Abbreviation: SSL = secure sockets layer.

reference for how to get help, such as "call 911," "go to your local emergency room," or "call your doctor." Over a third of sites did not provide any information for suicidal visitors and did not suggest that suicidal persons should get help. Roughly one quarter of sites provided crisis hotline phone numbers. We did not test these phone numbers to verify their accuracy, but future research may address this question. Several sites posted hyperlinks to crisis-intervention Web sites, such as the Samaritans or Befrienders International; we did test these links, and each was active and accurate. Other sites posted referrals to a specific clinic, directed suicidal visitors to get help but did not specify how, stated that the site's therapist could help with referrals, or provided a link to a layperson's Web site about suicide (1 site each).

### Confidentiality and Security

Fewer Web sites (43.6%; 24 sites) disclosed limits and risks to client data security than did not disclose limits (56.4%; 31 sites). The most frequently disclosed risks and limits to confidentiality were mandatory reporting of child or elder abuse, potential confidentiality breach for clients who have thoughts of hurting themselves or others, and "where required by law" or "when compelled by lawful subpoena." Some Web sites stated that they would keep clients' information safe but did not specify how they would do so. Others claimed that the records or communications would be confidential between the therapist

and the client. Less than one third of sites explicitly stated which limited exceptions apply to the confidentiality of records. Some sites noted the use of encryption technology or a secure server. Few sites stated that they could not guarantee confidentiality or privacy. Only 2 sites stated that records or communications were privileged. More detailed results may be found in Table 3.

### DISCUSSION

Many of the sites appeared to offer a misleading description of the services provided. Although many of the sites characterized their services as "counseling" and their providers as "therapists," disclaimers or service agreements often provided conflicting information. For example, a site that offers "counseling" services by "counselors" and "licensed professionals" contains language in its disclaimer stating that the Web site is to be used "for general information purposes only and is not intended in any way to be a substitute for face-to-face professional advice." "Care topics" on the site include issues commonly relegated to the psychotherapeutic treatment setting, such as mental illnesses and substance abuse.

A person who is seeking psychotherapeutic services may not be able to identify whether online services are suitable for his or her concern. Some Web sites did not specify any exclusionary criteria that would disqualify a psychotic, acutely suicidal, or other vulnerable person



from using the service. Because we did not contact the providers at these sites, it is unclear whether they would consent to provide services for such persons or whether they would, at a later time, refuse services if the prospective client were found to be too vulnerable. Overall, the sites were not proactive about providing resources and referrals for suicidal visitors.

In the face-to-face treatment situation, disclosure of confidentiality and security risks may vary, but standard disclosure warns prospective patients that confidentiality may be breached to comply with mandatory reporting of suspected or actual child or elder abuse, as well as to protect potential victims when suicidal or homicidal intent is discovered, and, sometimes, when a mandatory breach of confidentiality is compelled by subpoena or court order. Online, additional risks to confidentiality and security are numerous and may range from hackers to family members on a shared computer to spy ware and other threats.<sup>7</sup> While many individuals may feel a greater sense of anonymity when communicating online,<sup>8</sup> features such as cookies and information stored on servers can be used to trace “anonymous” comments on an Internet connection back to the original user. Even when communications are “deleted” from a hard drive, they may still be retrievable through an Internet service provider’s server or a therapist’s server or hard drive, or they may be hidden within the user’s own computer. Perhaps the most accurate statement regarding the security or confidentiality of communication between a user and an e-therapist is that providers *cannot* guarantee privacy or confidentiality online; less than one fifth of sites in our sample stated this.

To help reassure clients of what measures are employed to increase their security and confidentiality, some sites mentioned whether cookies, encryption, or secure servers were used. Given the relatively high percentage of sites that did not disclose any limits or risks to client data security, privacy, or confidentiality, some e-therapy clients may inaccurately assume that what they say to their e-therapists is as confidential or as private as what they might say to a therapist in a face-to-face appointment. Since self-disclosure online may be even more candid than in the face-to-face setting for some patients,<sup>9</sup> inappropriate confidence in the privacy or security of e-therapy communications could result in harm to clients. A client who is not forewarned about security risks may or may not be able to sue an e-therapy provider for malpractice for failing to disclose relevant risks.

While some of the providers were well qualified and explicitly stated their qualifications to provide e-therapy or online counseling, others were of nonpsychotherapeutic backgrounds, and some appeared unqualified to be providing the services they advertised. One Web site’s “clinical psychologist” marketed herbal and homeopathic medicines in conjunction with the therapeutic services proffered through the site. Another provider, whose ser-

vice was free of charge, listed degrees attained (philosophy and law) but apparently had no educational background in psychotherapy. One provider referred to himself as a “world psychologist” and a “doctor of oriental medicine” but did not provide further information on his qualifications or credentials. It is possible that he had indeed received training in psychology and medicine, but the Web site provided no further information for clarification. One Web site included a biographical page about the “counselor’s” background, but this page detailed the provider’s success in business ventures, and he did not appear to have any credentials or qualifications in counseling or psychotherapy. One site that advertised the services of diverse providers also offered the services of a “psychic medium.”

Numerous complicated legal issues may arise for a provider conducting e-therapy with a patient in a jurisdiction where the provider is not licensed. Such activity may in some cases violate licensure laws and leave the provider vulnerable to significant liability, as malpractice insurance typically restricts coverage to jurisdictions where licensure is held.<sup>10</sup> This activity may also harm patients or clients who believe that the rules and ethics of traditional psychotherapy will protect them online. Courts may resolve disputes in favor of the patient’s well-being in such cases, in the interest of protecting the public from exploitative or unethical business practices. However, malpractice insurance policies may make it difficult for patients to recover damages. Furthermore, some providers appear to lack any licensure, from which one might infer that their malpractice insurance, and possibly, their ability to respond in damages to an injured client, may be lacking. Current and prospective patients or clients should be warned about these and related risks. A Web site disclaimer is not an adequate substitute for informed consent.<sup>11</sup>

As this is a preliminary survey of Web sites, limitations are numerous. The ranks of Web sites on search engines vary continually, so results from this type of survey would likely vary from month to month or even from day to day. Furthermore, Web sites accessible one day may be unavailable the next. Not all Web surfers use the search engines Google and Yahoo!, and someone looking for e-therapy might not use the terms we selected for our search. Our limit of 55 sites was arbitrary, as we sought to re-create the experience of a Web surfer and did not predetermine a fixed number of sites to review or a fixed average of sites per search term or per search engine. Additionally, someone who decides to receive e-therapy services may not find them by going online searching for these services. Clients may end up using e-therapy by other means, such as a search on *depression* that links to a site advertising e-therapy providers, or through a recommendation by a friend. However, our sample is representative of what an average Web surfer might find if he

or she searched for e-therapy or online counseling through a popular Internet search engine. Finally, the numerous financial concerns are beyond the scope of this article, but financial arrangements may affect the legal status of e-therapy activity. For readers interested in learning more about financial issues associated with e-therapy, a recently published handbook by Kraus et al. addresses these concerns.<sup>12</sup>

## CONCLUSION

Psychotherapists may want to be aware of what their patients and future patients might access on the Web. Searchable e-therapy and online counseling sites range from qualified providers and lengthy disclaimers about e-therapy's limitations to providers with dubious backgrounds and sites with no language to warn prospective clients about risks or to direct those in crisis to get help. When asking patients if they have received psychotherapeutic services in the past, one might consider including "coaching," "e-therapy," or general "support" as services a patient might have received. It could be relevant, for example, in the treatment of a psychotic patient if that patient chats online with a "psychosynthesis holistic therapist."

While regulations specify who may call himself or herself a therapist or a counselor in most states, it is unclear what regulations apply to the use of these terms on the Internet. Furthermore, even if a provider does not use the term *therapist*, or *counselor*, by itself, the use of a phrase such as *online therapist* or *e-counselor* may mislead patients into believing that the therapist with whom they are chatting is the same type of "therapist" they can ex-

pect to find off-line. Furthermore, clients of e-therapy and online counseling may believe, perhaps incorrectly, that the same laws, ethics, and regulations that protect them in the face-to-face psychotherapeutic setting will protect them in e-therapy as well. Experiences with e-therapy may also influence a patient's attitude toward traditional psychotherapy.

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