Core Standards for Internet Mental Health Practice

By
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The Bilateral Internet Mental Health Practice Forum’s Core Standards are intended
• to protect clients receiving mental health services on the Internet,
• to give mental health care professions a common ground,
• and provide a basis for review of professional standards, clinical standards, and the need
for Internet mental health practice guidelines by professions and government agencies.

The basic standards of professional conduct governing each mental health care profession
are not altered by the use of Internet technologies to deliver mental health care, conduct
research, or provide education. Developed by each profession, these standards focus in
part on the practitioner’s responsibility to provide ethical and high quality care on the
Internet.

A mental health care system or mental health care practitioner cannot use the Internet as a
vehicle for providing services that are not otherwise legally or professionally authorized.
For example, practitioner should be credentialed (licensed, certified or registered) by an
appropriate entity or organization prior to offering Internet-based services. The use of
Internet technologies does not require additional licensure, however, special care should
be taken to avoid licensing issues regarding jurisdiction, both national and global.

Services provided via the Internet must adhere to basic assurance of quality and
professional health care in accordance with each mental health care discipline’s clinical
standards. Each mental health care discipline must examine how Internet mental health
practice impacts and/or changes its patterns of care delivery and how this may require
modifications of existing clinical standards.

Each mental health care profession is responsible for developing its own processes for
assuring competencies in the delivery of health care through the use of Internet mental
health practice.

I. Internet mental health practice guidelines should be based upon consensus among the
mental health care professions, empirical evidence when available, and collaboration
with government agencies.

II. The integrity and therapeutic value of the client-mental health care professional
relationship should be maintained, not diminished by the use of Internet mental health
technology.
III. Confidentiality of client diagnosis, treatment, and consultation records, Internet mental health contacts, and mental health care information systems is essential.

IV. Informed consent documents need to incorporate concerns unique to Internet mental health practice.

V. The safety of clients and practitioners involved in Internet mental health practice must be ensured. Appropriate hardware and valid software, combined with demonstrated user competency and readiness, are essential components.

VII. A systematic and comprehensive research agenda must be developed and supported by government agencies and the mental health care professions for the ongoing assessment of Internet mental health practices.

VIII. Geographically remote mental health care professionals must be aware of location-specific conditions, events, and cultural issues that may limit credibility or lead to inappropriate interventions.

IX. The mental health professional has an obligation to be aware of free public access points to the Internet within the client’s community, such as public libraries, so that a lack of financial resources does not create a significant barrier to clients accessing resources and services.

X. Geographically remote mental health care professionals shall provide potential clients with appropriate backup measures such as the name and phone number of a local on-call professional, a local crisis intervention number, or a reminder about calling 911 in emergency situations.

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