
ETHICAL ASPECTS OF ONLINE PSYCHOLOGICAL INTERVENTIONS IN BRAZIL: CURRENT SITUATION AND CHALLENGES¹

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ABSTRACT. Online psychological interventions were regulated in Brazil in 2000 and its last update was in 2012 through the Resolution No 011/2012 of the Federal Council of Psychology (CFP). This update permitted online psychological counseling, limited to 20 sessions; however, the Brazilian specialized literature have not given yet proper attention to regulations and implications of online psychological interventions. This article aims to analyze critical topics of Resolution 011/2012. Findings from the international literature on online psychotherapy are discussed and compared to current regulations in other countries. Analysis indicated that online treatments are already well established in countries such as Sweden, Australia, the Netherlands, and the United Kingdom. They are supported by empirical studies on efficacy, effectiveness, and ethical aspects such as doctor-patient confidentiality. It is concluded that the CFP guidelines follow to some extent the policies and actions of associations and professional bodies from other countries. Even so, several elements still need to be updated. This would include defining exactly what psychological counseling is, clarifying how to number the asynchronous meetings, specifying situations that are covered by the Resolution, setting a number of virtual meetings for patients who are traveling or unable to attend sessions in person, and providing parameters from which the service prices can be established. Lastly, the relevance of some kind of certification for psychologists who provide online services is debated, considering that the interface with the technology broadens the professional field and the scope of psychological care.

Keywords: Online therapy; internet; professional ethics.

ASPECTOS ÉTICOS DAS INTERVENÇÕES PSICOLÓGICAS ON-LINE NO BRASIL: SITUAÇÃO ATUAL E DESAFIOS

RESUMO. As intervenções psicológicas on-line foram regulamentadas no Brasil em 2000, sendo a última atualização em 2012, com a Resolução do Conselho Federal de Psicologia (CFP) No 011/2012. O principal avanço foi permitir a orientação psicológica on-line, limitada a 20 sessões. Contudo as implicações de intervenções psicológicas on-line e suas regulamentações ainda não receberam a devida atenção na literatura brasileira especializada. Assim, o objetivo deste artigo é analisar pontos críticos da Resolução CFP No 011/2012. Tais pontos são discutidos à luz de estudos internacionais sobre psicoterapia on-line e comparados a regulamentações vigentes em outros países. A análise indicou que atendimentos on-line já estão bem estabelecidos em países como Suécia, Austrália, Holanda e Reino

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Unido, apoiados em estudos empíricos sobre eficácia, efetividade e aspectos éticos como sigilo e confidencialidade. Conclui-se que as orientações do CFP acompanham, em certa medida, as políticas e as ações de associações e de órgãos profissionais de outros países. Mesmo assim, há elementos que precisam ser atualizados, como definir o que é orientação psicológica, clarificar como podem ser contabilizados os encontros assíncronos, especificar situações contempladas pela Resolução, estabelecer número de encontros virtuais para clientes em viagem ou impossibilitados de comparecer presencialmente e informar parâmetros a partir dos quais os honorários poderão ser estabelecidos. Por fim, argumenta-se a pertinência de algum tipo de certificação para psicólogos que ofereçam serviços on-line, considerando que a interface com a tecnologia amplia o campo profissional e o alcance do atendimento psicológico.

Palavras-chave: Terapia on-line; internet; ética profissional.

ASPECTOS ÉTICOS DE LAS INTERVENCIONES PSICOLÓGICAS ONLINE EN BRASIL: SITUACIÓN ACTUAL Y DESAFÍOS

RESUMEN. Las intervenciones psicológicas online fueron reguladas en Brasil en 2000, la última actualización fue en 2012, con la Resolución del Consejo Federal de Psicología (CFP) N° 011/2012. El principal avance fue permitir el asesoramiento online, limitado a 20 sesiones. Sin embargo, las implicaciones de las intervenciones psicológicas online y los reglamentos aún no han recibido la debida atención en la literatura brasileña especializada. El objetivo de este artículo es analizar los puntos críticos de la Resolución N° 011/2012 de lo CFP. Estos puntos se discuten a la luz de estudios internacionales acerca de la psicoterapia online y en comparación con las reglas vigentes en otros países. El análisis indicó que las consultas online ya están bien establecidas en países como Suecia, Australia, Holanda y Reino Unido, con el apoyo de estudios empíricos de eficacia, efectividad, y los aspectos éticos como el secreto y la confidencialidad. Se concluye que las directrices de lo CFP siguen en cierta medida las políticas y acciones de las asociaciones y organizaciones profesionales de otros países. Sin embargo, hay elementos que necesitan ser actualizados, como la forma de definir lo que es el asesoramiento, aclarar cómo contabilizar los encuentros asíncronos, especificar las situaciones contempladas por la Resolución, establecer el número de encuentros virtuales para los clientes que viajan o que no pueden asistir a las sesiones presenciales, e informar los parámetros a partir del cual se podrán establecer los honorarios. Por último, se argumenta la relevancia de algún tipo de certificación para los psicólogos que prestan asistencia online, teniendo en cuenta que la interfaz con la tecnología expande el campo profesional y el ámbito de la asistencia psicológica.

Palabras-clave: Terapia online; internet; ética profesional.

Introduction

Technological innovations and the growing demand for mental health care have prompted the study and development of new forms of psychological service, especially the psychotherapy mediated by the internet. International studies address online interventions of various types, with unanimous recognition of their positive results (Hedman, Ljótsson, & Lindefors, 2012; Newman, Szkodny, Llera, & Przeworski, 2011). In Brazil, there are few published studies on online psychotherapy. Until now, the area of studies have addressed the therapeutic relationship in an asynchronous online environment (Prado & Meyer, 2006), online career guidance interventions (Spaccaquerche, 2005), and the demand for a psychological counseling service via e-mail (Fortim & Cosentino, 2007). Aware of this new psychological services channel, the System of Psychology Councils has already taken the initiative to regulate the practices by technological means of communication and information. These means are understood "as being all computer mediations with internet access through cable television, telephones, combined or hybrid devices, or any other mode of interaction that may be implemented"

(Resolution 011/2012, Conselho Federal de Psicologia - CPF (Federal Council of Psychology), 2012, p.1).

Since this is a recent development area, a set of clearly defined terms and concepts has not yet been established for the field of internet interventions. As a result, it is fundamental to clarify and describe various modes of internet interventions (Proudfoot et al., 2011). The list of terms is extensive, and includes, E-Psychology, Telepsychology, Online Therapy, Online Counselling, Web-based interventions, Internet interventions, Computerized Cognitive Behaviour Therapy, E-Therapy, and Mediated Services. In Brazil, the term online therapy is often used.

The online services are offered in two major modes: synchronous and asynchronous. The assistance is synchronous when the therapeutic interaction is simultaneous, that is, immediately reactive. Synchronous communication means includes *chat*, audio and / or video, with simultaneous contact between therapist and patient. The service is asynchronous when therapist and patient interact according to their availability of time, such as by email. The modality must be specified at the initial contacts of provision of service. Internationally, expressions such as *therapist-guided*, *self-guided* and *self-administered* indicate methods of care, defining the absence or presence of a therapist and the level of contact with him/her. The purpose of the intervention should be clear, as well as the resources used, the degree of interactivity and the feedback type. Since there is no consensus in the literature concerning the terminology and even if there was it would be unknown to the patient, therapists must make a clear description of the intervention (Proudfoot et al., 2011).

In Brazil, the CFP Resolution No. 011/2012 (CFP 2012) establishes, on the one hand, online psychological counseling as an allowed professional practice and subject to remuneration. On the other hand, it restricts online psychotherapy, only to research. The resolution states that the practice of online counseling should be limited to 20 virtual meetings, synchronous or asynchronous, and that the practice should keep the attention focused on the situation brought by the patient. The Resolution allows an eventual virtual service if the patient is unable to attend in person. This Resolution also regulates aspects related to online supervision and to professional psychologists' websites.

It is remarkable that the legal body responsible for Psychology demonstrates this concern, since it is a recent theme in the country. However, at the same time that the legislation seeks to protect the population, it may harm the patient and limit the psychologist action due to the impossibility of longer and deeper care even when it becomes necessary. It is known that the seek and access to psychological treatments for common disorders are low, such as occurs with anxiety disorders (Roberge, Fournier, Menear, & Duhoux, 2014). In this sense, it is recognized that the online environment promotes personal disinhibition and self-revelation (Pieta & Gomes, 2014) favoring treatments with great potential to make mental health services more accessible, more flexible, and less costly (Pruitt, Luxton, & Shore, 2014).

A different situation from Brazil can be seen by observing other countries. The United States, Canada, England, Australia and Germany allow online psychotherapy. These countries are based on at least 50 years of research on effectiveness and efficiency in treatments mediated by technological means (Higgins, Dunn, & Conrath, 1984).

Pieta and Gomes (2014) conducted a review of the online psychotherapy studies in Brazil and other countries, in which they analyzed the features and limits of this type of service, the implications for the therapeutic relationship at a distance, the effectiveness of these treatments and their legal and ethical implications. However, the study did not address the CFP Resolution no. 011/2012, probably due to paper's editorial processing length. Thus, no studies that discuss the latest CFP Resolution were found, in contrast to the large number of web sites offering the service. Also, no studies were found on the examination of the ethical implications of the resolution, especially when compared to resolutions and ethical codes of other countries where the practice is already established.

This article aims to analyze and discuss ethical and operational issues of online psychological treatment, based on the CFP Resolution no. 011/2012. Suggestions of studies of other countries will also be taken in account, both conceptual and empirical, as well as the ethical guiding indicated by the literature and in national legislations. The text is organized into six parts: (1) *Legal aspects of treatment by electronic means in different countries*, (2) *Legal aspects of treatment in Brazil based on Resolution 011/2012*, (3) *Scientific evidence of interventions by electronic means* (4) *Ethical principles established*

by other countries, (5) *Critical points of the current resolution* where possible problems and possible solutions of the resolution are listed, and (6) *Technological innovation in Psychology*, where aspects of the psychologist formation related to online interventions are discussed and opportunities for innovation in psychology are presented. The conclusion evaluates the online psychological treatment as to their technical attractiveness, to the possibilities of expansion of the reach of mental health care services, to the ethical and legal aspects related to treatment, and to their ability of showing effective results.

Legal aspects of treatment by electronic means in different countries

Professional law and ethics codes vary among countries according to their cultural and legal traditions, and they can vary in the same country according to the jurisdiction of different professional bodies. In this analysis, what has recently been happening in the United States, United Kingdom, Canada, and New Zealand it will be taken as an example. These are the pioneer countries of online psychological treatments, and where the development of the practices and the research on their effectiveness are more advanced.

In the United States, the American Psychological Association (APA) legislates on all American psychologists similar to the CFP in Brazil. There are also the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), and the *Commission Boards* that certify professionals in each state. All of them allow interventions by electronic means.

In the APA ethics code, the use of electronic *transmission* and *other forms of communication* is already part of the psychologist's practice. The ethics code amendment in order to include these forms of communication occurred in 2002 (American Psychological Association, 2002). The ACA, in 2014, stated that "counselors actively attempt to understand the evolving nature of the profession; with regard to distance counseling, technology, and social media and how such resources can be used to better serve their clients" (ACA, 2014, p. 17). The AMHCA also stands in favor of the new practices if ethical standards are maintained. This association also states the need for the counselor to ensure that the patient is intellectually, physically and emotionally able to use technology mediated services (American Mental Health Counselors Association, 2010).

In the United Kingdom, the British Psychological Society allows online therapy. However, in addition to the existing code of ethics, it is necessary to pay attention to specific topics, such as the psychologist's certification and the utmost caution with fraud (The British Psychological Society [BPS], 2009). Canada follows the English models, with norms that include informed consent and report what are the benefits to society (Canadian Psychological Association, 2006). The New Zealand Association of Counselors establishes some parameters upon which the counselors must inform the clients about the limitations and risks of electronic communication, by means of specific contracts for this kind of intervention (The New Zealand Association of Counsellors, 2012).

Legal aspects of assistance by electronic means in Brazil

In Brazil, the CFP regulates the psychologist profession, and all its interventions. For online interventions, the CFP has recently implemented the Resolution No. 011 /2012, which regulates both, psychological treatment mediated by technology and research on online psychotherapy. The document is organized into initial considerations and two more chapters. The considerations guide the decisions and articles. The first chapter has eight articles, and in them, the computer mediated psychological services that can be exercised professionally are described. The second chapter comprises Articles 9-15 and establishes guidelines for research on online psychotherapy.

In the first chapter, the Resolution establishes that only some psychological services by technological means of communication at distance are allowed (Art. 1, CFP, 2012). Services include psychological counseling limited to 20 synchronous or asynchronous meetings, preliminary staff selection processes and the application of regulated tests. It also includes occasional supervision of

other psychologists work and eventual sessions with patients that are traveling or unable to attend in person. The remaining articles focus on the need to a psychologist to keep a website, built for the purposes of this resolution, how this website should work and how to get the CFP's certification.

In the second chapter, the Resolution determines that online psychotherapy should occur only as an experimental approach, according to specific instructions. Thus, Article 9 establishes that the researches with online interventions must be approved by a Research Ethics Committee, must respect the current professional Ethical Code, must ensure the information's confidentiality, and must not remunerate the participant in any way. The other articles establish that research interventions must follow the same norms as the professional practices of the first chapter.

The great breakthrough of Resolution No. CFP. 011/2012 was to broaden the limits of online counselling from 10 to 20 sessions. The treatment scope was also expanded, joining professional orientation, sexual- affective orientation, ergonomic orientation and other (CFP, 2005). Similar provisions were already found in the 2000 Resolution (CFP, 2000) and the 2005 Resolution updated guidelines procedures for the websites and specified the possible links in the psychologist's websites.

Scientific evidence of interventions by electronic means

One of the main issues that guide the CFP Resolution No. 011/2012 is scientific evidence. This can be noticed when it mentions the needs to be "in accordance with the scientific criteria established in the Psychology field" (CFP, 2012, p. 1), to contribute "to the development of psychology as a scientific field" (CFP, 2012, p. 1) and to provide services "using principles, knowledge and techniques admittedly based in psychological science" (CFP, 2012, p.1). The tenth article is dedicated entirely to the recognition of the scientific community:

Art. 10: The recognition of the validity of research results in psychotherapeutic treatment carried out by technological means of communication at a distance depends on the wide dissemination of the results and on the scientific community recognition, and not just the conclusion of isolated researches (CFP, 2012, p. 3).

The scientific community has established criteria, knowledge and techniques in the area of online treatments for decades. It has over 50 years of research, starting in telemedicine by telephone (Higgins et al., 1984), proving to be a viable and functional alternative to health care. Especially in recent years, the number of studies on efficacy and effectiveness of electronic interventions has grown exponentially, as can be seen below.

A systematic review of over 100 studies using internet-based Cognitive-Behavioral therapy (IBCBT) (Hedman et al., 2012) revealed that IBCBT seems to produce effects equivalent to presential cognitive-behavioral therapy (CBT). These authors argue that if CBT is effective for a given disorder, then the internet-based counterpart will also be. According to the review, the analyzed studies met the APA criteria related to evidence-based treatments (APA, 2006), including randomized controlled trials. The review also showed that these services require less time of the therapist, with no impairment to the effectiveness of the treatment. In summary, the online treatment revealed to be viable and low-cost.

In just over 10 years, IBCBT became a well-established treatment for depression and some anxiety disorders (Hedman et al., 2012). Sweden, Australia and the Netherlands already use IBCBT as part of standard psychiatric care. This same review shows that only in Sweden, over 2,000 psychiatric patients have been assisted with IBCBT and more than 100 randomized clinical trials worldwide have been conducted since 2000. According to Andersson (2009), the number of empirical studies with good results about this issue allows one to affirm that the practice of CBT by the Internet will continue to happen. In the United Kingdom, the *National Institute for Health and Clinical Excellence* (<http://www.nice.org.uk/>), an agency responsible for evaluating evidence-based treatments, indicates the use of computerized CBT for depression and certain anxiety disorders.

A critical review of the literature on online treatment for anxiety and depression (Newman et al., 2011) evaluated more than one hundred studies and demonstrated that various disorders showed

improvements. These improvements happen even with less direct contact with the therapist, using self-applied instruments. The authors conclude that in general computerized treatments have been a less intensive option than traditional treatments. However, they are more effective in terms of cost-benefit ratio, obtaining empirically validated treatments for a variety of psychological problems.

Certain systematic reviews focus on specific interventions such as the use of *chat* (Dowling & Rickwood, 2013), or the comparison of face-to-face and online interventions (Andersson, Cuijpers, Carlbring, Riper, & Hedman, 2014). The chat interventions systematic review found few articles, and it concluded that more studies are needed in this mode. Even so, the results were positive. The systematic review that compares face-to-face with internet-based interventions obtained similar positive results regarding the previously quoted ICBT, showing that the effects of both interventions are equivalent (Andersson et al., 2014). This review encompassed several distinct disorders such as panic disorder, depression and social anxiety disorder.

Systematic reviews to other specific disorders have also been written. The Internet-based therapy has been effective in the treatment of drug addictions (Gainsbury & Blaszczynski, 2011), eating disorders (Loucas et al., 2014), and others. The area has grown with the creation of new journals, such as *Internet Interventions* in 2014. It also has traditional journals in the health area such as *Telemedicine & e-Health* since 1995, and more generalist as *Journal of Technology in Human Services* since 1999 (named *Computer in Human Services* since 1985).

In Brazil, the doctoral thesis of Pieta (2014) addressed the issue of the therapeutic relationship in online intervention. In its empirical study, a face-to-face psychoanalytic intervention is compared with an online equivalent. The results were significant; there were no differences for the three main factors of psychotherapy: working alliance, goals and bond. Both groups presented significant improvement. The conclusion of the study pointed out the equivalence of online and face-to-face psychotherapies, even with the psychoanalytic approach. Also in Brazil, Donnamaria and Terzis (2011) described a psychoanalytical based group psychotherapy research project, with positive results until the moment this article was written.

Ethical principles established by other countries

The universal declaration of ethical principles for psychologists (International Union of Psychological Science [IUPsyS], 2014) establishes four basic principles on which professionals and researchers should be based: 1) Respect for the dignity of persons and peoples, 2) Competent caring for the well-being of persons and peoples, 3) Integrity, and 4) Professional and scientific responsibilities to society. To respect these four core principles, ethical procedures and care must be taken to protect the user and the practitioner's professional service. General guidance of the British Psychological Society (BPS) is that the higher the risk involved in the service, the greater must be the ethical care (BPS, 2009 2013).

Online interventions fully comply with the declaration of principles of IUPsyS. Confidentiality and secrecy are the basic premises of the psychological service in any instance (CFP, 2012). Redoubled attention to this aspect is required in the online context. The client should be informed about the risks related to the data security (BPS, 2009, 2013). Therefore, the psychologist can include in his appointments an informed consent, in virtual form, that the client clicks to indicate that he/she is aware of the risks and accepts the service. Another precaution is to use encrypted services for data storage.

In principle, online treatments require the recognition of the client's identity to ensure that he/she is whom he/she claims to be. Transactions by credit card can help to verify the user's identity (BPS, 2009). For patients with potential damage to themselves or others, personal information such as address and phone number may be a prerequisite for the service (BPS, 2009). In these cases, the clients must be informed of measures to be taken if they put themselves at risk and they must previously must agree with that.

A unique feature of online interventions is the possibility of anonymity in cases where such arrangement is beneficial to treatment. Anonymity represents an additional opening related to online treatment, by facilitating personal exposure and disinhibition (Pruitt et al., 2014). There are situations

where people only seek help if they are sure they will not be identified. One example is the counselling related to alcohol abuse or to critical occupational decisions. Faced with a case in which the anonymity appears to be necessary, the psychologist should take special care to characterize the profile and the clinical demand for other resources such as family or institutional indication needs. As an exception, anonymous service could occur in emergency care.

Critical points of the current resolution

Some current points of the Resolution deserve special consideration, as listed below. The first item has the largest number of gaps and ambiguities, as can be seen in Table 1.

Table 1 - Limitations of Article 1 of the Resolution: limitations, reasons for limitations and possible solutions to solve them

Limitations	Reason	Suggestions
Art. 1: Number of synchronous or asynchronous virtual contacts limited to 20	A message via SMS and a response could already be counted as one contact. A simple appointment scheduling can "consume" several asynchronous meetings.	Specifying more precisely what sets an asynchronous virtual contact, or to indicate the volume required to be considered a virtual meeting. Another solution could be to limit only the number of synchronous virtual contacts.
Art. 1: Psychological orientation/counselling	It does not specify what is a psychological orientation/counselling.	Providing more information on the difference between online psychological orientation/counseling and psychotherapy (because there are brief and specific psychotherapeutic approaches, carried out in less than 20 sessions).
Art. 1: Eventual or supplementary supervision	It is not specified how "eventual" or "supplementary" the supervision can be.	Determining a number of supervisions that can be carried out online.
Art. 1: Eventual treatment to clients who can not be present	It is not specified how "eventual" the service can be.	Determining a number of sessions that can be performed online for patients who have already made face-to-face treatments.
Art. 1: Eventual treatment to clients who can not be present	Other cases are not specified, such as when the patient or the psychologist are residing in another country.	Specifying the cases that the Resolution covers, especially when it relates to different countries.

Other points of discussion were found in the next articles, as well as the lack of reference to the fees. The other points are shown in Table 2. Possibly the incompleteness of some points of the Resolution reflects the little professional experience of the Brazilian Psychology with these issues. Justifications and suggestions are proposed to the points that have been raised.

Online interventions education

With the update of scientific education, there is also the need for an update of education. Professional formation regarding online treatments is still incipient in Brazil and other countries. A survey in the United States showed that 94% of the 93 *e-counselors* that answered to the survey had no training for Internet treatments and that 56% did not have any kind of supervision for this practice (Finn & Barak, 2010). There is a need to generate training parameters for psychologists who wish to undertake online counseling and / or online therapy, since they require specific knowledge and skills related to the use of digital media (Suler, 2002). Anyway, it would be appropriate to include evidence-based studies on online interventions in the disciplines of psychological counseling and psychotherapy in undergraduate courses, signaling to this recent expansion of the professional field (Andersson, 2009).

It would be possible and desirable to certify professionals who wish to work in this field through a capacitation course or a specialization in online psychological treatments. Since the CFP certifies the websites that allow online interventions it is believed that with an additional step it would be viable to certify the professionals, ensuring a higher quality of service. The training could include specific issues such as e-mail response techniques, confidentiality, and secrecy guarantee (Suler, 2002).

Table 2 - Limitation of other points of the Resolution: limitations, reasons and possible solutions to solve the

Limitations	Reason	Suggestions
Art. 3: The website can not contain links except those defined by Resolution	It makes it impossible for the professional to put useful links, such as scientific papers demonstrating the effectiveness of online interventions.	Allowing the use of other links, provided that they do not violate any ethical precept.
Art. 4: Treatment to children and adolescents should follow the Statute of Children and Adolescents and the Psychologist Code of Ethics	It does not guide how to ensure that the customer who presents himself as responsible adult is of legal age.	Suggesting certifying that the customer is of legal age through copy of an identification document or transaction by credit card. If he/she is under legal age, the psychologist has to request parents' documentation and their authorization for the treatment.
Art. 12: Research on online psychotherapy should follow the same registration procedures for other modalities	For some researches (using only software or self-administered interventions, for example) it would not be necessary to have a website.	Requiring registration only for researches dealing with online therapy where there is regular interaction between a therapist and a patient. For other surveys, requiring only notifications to the CFP.
The value of the service is not specified	It is possible that professionals will charge out of value exerted by the market.	Suggesting an amount consistent with the national reference to psychologists' fees as available on the CFP site (http://site.cfp.org.br/servicos/tabela-de-honorarios/), or setting specific values for online counseling.

The internet itself could be used as a teaching platform for health professionals, since the effect size of the internet learning is as high as regular classroom learning (Cook, Levinson, & Garside, 2010). Thus, it would be possible to reach many professionals across the country in a short space of time and with comparatively low costs. Consequently, this professional updating approach would also meet the considerations of the CFP resolution on professional development.

Technological innovation in Psychology

The interface between Psychology and Technology presents so many possibilities that it is hard to think about all of them (Suler, 2002). We are in a time where Psychology and Technology can interact together in a collaborative effort to improve both areas. The Psychology field must be aware of this change and participate in it as well as possible, evolving in order to meet the needs of the profession and of those people who make use of it (APA, 2009).

Current developments do not seem to point to a future where computers will replace the psychologist profession, but do point for their use as a professional tool to optimize and improve the psychological care, as in the case of psychological assessment (Suler, 2002). Electronic records are another way to use technology in favor of the area. More than being a useful tool, this possibility becomes a practical way to integrate the various areas of health care (APA, 2009).

Interdisciplinarity appears as a key point in the future of psychology. It may be beneficial to change the way that Psychology relates to others subjects such as engineering and computer science (APA, 2009). The knowledge of computer and internet experts can inform psychologists regarding the technologies that are available and what they can do for them (Suler 2002). Thus, they will have technologies that are closer and more adapted to the needs of the profession, either by creating tools for classroom practice or by the development of computerized interventions.

Final considerations

Psychological interventions at a distance configure an area that appeared about 50 years ago (Higgins et al., 1984), but the greatest concentration in terms of research and results occurred during the last decade. It is clear that associations and councils of several countries are concerned in promoting the ethical care in this practice. It is important to note, however, that the future of Psychologist profession depends on not only a resolution, but it is determined by the performance of professionals themselves when they face new challenges and find ways to overcome them.

It is concluded that the CFP political determinations reflect the concern of associations and professional bodies of other countries. When proposing a new Resolution in 2012, CFP proves to be sensitive to changes in the field. However, there are elements that could be updated, and the psychology area will improve more if it keeps up with changes caused by the interface with technology.

References

- American Counseling Association [ACA] (2014). *Code of Ethics*. Retrieved on February 2, 2015 from <http://www.counseling.org/resources/aca-code-of-ethics.pdf>
- American Mental Health Counselors Association [AMHCA] (2010). *AMHCA Code of Ethics*. Retrieved on November 11, 2014, from http://www.amhca.org/assets/content/AMHCA_Code_of_Ethics_2010_update_1-20-13_COVER.pdf
- American Psychological Association [APA] (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57(12), 1060–1073. Retrieved on November 11, 2014, from <http://doi.org/10.1037/0003-066X.57.12.1060>
- American Psychological Association [APA] (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271–285. Retrieved on December 14, 2014, from <http://doi.org/10.1037/0003-066X.61.4.271>
- American Psychological Association [APA] (2009). *President's column: Vision for the future of psychology practice*. Retrieved on December 2, 2014, from <http://www.apa.org/monitor/2009/02/pc.aspx>

- Andersson, G. (2009). Using the Internet to provide cognitive behaviour therapy. *Behaviour Research and Therapy*, 47(3), 175–180. Retrieved on December 10, 2014, from <http://doi.org/10.1016/j.brat.2009.01.010>
- Andersson, G., Cuijpers, P., Carlbring, P., Riper, H., & Hedman, E. (2014). Guided Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: a systematic review and meta-analysis. *World Psychiatry*, 13(3), 288–295. Retrieved on February 2, 2015, from <http://doi.org/10.1002/wps.20151>
- Canadian Psychological Association. (2006). *Draft ethical guidelines for psychologists providing psychological services via electronic media*. Retrieved on December 10, 2014, from <http://www.cpa.ca/aboutcpa/committees/ethics/psychserviceselectronically>
- Conselho Federal de Psicologia [CFP] (2000). *Resolução CFP N. 003/2000*. Retrieved on November 11, 2014, from <http://www.crprs.org.br/upload/legislacao/legislacao40.pdf>
- Conselho Federal de Psicologia [CFP] (2005). *Resolução CFP N. 012/2005*. Retrieved on December 8, 2014, from http://cadastro.site.cfp.org.br/docs/resolucao2005_12.pdf
- Conselho Federal de Psicologia [CFP] (2012). *Resolução CFP N. 011/2012*. Retrieved on December 15, 2014 from http://site.cfp.org.br/wp-content/uploads/2012/07/Resolucao_CFP_nx_011-12.pdf
- Cook, D. A., Levinson, A. J., & Garside, S. (2010). Time and learning efficiency in Internet-based learning: a systematic review and meta-analysis. *Advances in Health Sciences Education*, 15(5), 755–770. Retrieved on December 15, 2014, from <http://doi.org/10.1007/s10459-010-9231-x>
- Donnamaria, C. P., & Terzis, A. (2011). Experimentando o dispositivo terapêutico de grupo via internet: primeiras considerações de manejo e desafios éticos. *Revista Da SPAGESP*, 12(2), 17–26.
- Dowling, M., & Rickwood, D. (2013). Online Counseling and Therapy for Mental Health Problems: A Systematic Review of Individual Synchronous Interventions Using Chat. *Journal of Technology in Human Services*, 31(1), 1–21. Retrieved on December 5, 2014, from <http://doi.org/10.1080/15228835.2012.728508>
- Finn, J., & Barak, A. (2010). A descriptive study of e-counselor attitudes, ethics, and practice. *Counselling and Psychotherapy Research*, 10(4), 268–277. Retrieved on December 5, 2014, from <http://doi.org/10.1080/14733140903380847>
- Fortim, I., & Cosentino, L. A. M. (2007). Serviço de orientação via e-mail: Novas considerações. *Psicologia: Ciência e Profissão*, 27(1), 164–175.
- Gainsbury, S., & Blaszczynski, A. (2011). A systematic review of Internet-based therapy for the treatment of addictions. *Clinical Psychology Review*, 31(3), 490–498. Retrieved on November 11, 2014, from <http://doi.org/10.1016/j.cpr.2010.11.007>
- Hedman, E., Ljótsson, B., & Lindefors, N. (2012). Cognitive behavior therapy via the Internet: a systematic review of applications, clinical efficacy and cost-effectiveness. *Expert Review of Pharmacoeconomics & Outcomes Research*, 12(6), 745–764. Retrieved on November 11, 2014, from <http://doi.org/10.1586/erp.12.67>
- Higgins, C., Dunn, E., & Conrath, D. (1984). Telemedicine: an historical perspective. *Telecommunications Policy*, 8(4), 307–313. Retrieved on November 11, 2014, from [http://doi.org/10.1016/0308-5961\(84\)90044-2](http://doi.org/10.1016/0308-5961(84)90044-2)
- International Union of Psychological Science [IUPsyS]. (2014). *Universal Declaration of Ethical Principles for Psychologists*. Retrieved on November 15, 2014, from <http://www.iupsys.net/about/governance/universal-declaration-of-ethical-principles-for-psychologists.html>
- Loucas, C. E., Fairburn, C. G., Whittington, C., Pennant, M. E., Stockton, S., & Kendall, T. (2014). E-therapy in the treatment and prevention of eating disorders: A systematic review and meta-analysis. *Behaviour Research and Therapy*, 63, 122–131. Retrieved on February 7, 2015 from <http://doi.org/10.1016/j.brat.2014.09.011>
- Newman, M. G., Szkodny, L. E., Llera, S. J., & Przeworski, A. (2011). A review of technology-assisted self-help and minimal contact therapies for anxiety and depression: Is human contact necessary for therapeutic efficacy? *Clinical Psychology Review*, 31(1), 89–103. Retrieved on November 21, 2014, from <http://doi.org/10.1016/j.cpr.2010.09.008>
- Pieta, M. A. M. (2014). *Psicoterapia pela Internet: A relação terapêutica*. Universidade Federal do Rio Grande do Sul, Porto Alegre.
- Pieta, M. A. M., & Gomes, W. B. (2014). Psicoterapia pela Internet: viável ou inviável? *Psicologia: Ciência e Profissão*, 34(1), 18–31. Retrieved on December 2, 2014, from <http://doi.org/10.1590/S1414-98932014000100003>
- Prado, O. Z., & Meyer, S. B. (2006). Avaliação da relação terapêutica na terapia assíncrona via internet. *Psicologia em Estudo*, 11(2), 247–257. Retrieved on November 24, 2014, from <http://dx.doi.org/10.1590/S1413-73722006000200003>
- Proudfoot, J., Klein, B., Barak, A., Carlbring, P., Cuijpers, P., Lange, A., & Andersson, G. (2011). Establishing guidelines for executing and reporting internet intervention research. *Cognitive Behaviour Therapy*, 40(2), 82–97. Retrieved on December 1, 2014, from <http://doi.org/10.1080/16506073.2011.573807>
- Pruitt, L. D., Luxton, D. D., & Shore, P. (2014). Additional clinical benefits of home-based telemental health treatments. *Professional Psychology: Research and Practice*, 45(5), 340–346. Retrieved on February 11, 2015, from <http://doi.org/10.1037/a0035461>
- Roberge, P., Fournier, L., Menear, M., & Duhoux, A. (2014). Access to psychotherapy for primary care patients with anxiety disorders. *Canadian Psychology/Psychologie Canadienne*, 55(2), 60–67. Retrieved on December 2, 2014, from <http://doi.org/10.1037/a0036317>
- Spaccaquerche, M. E. (2005). Orientação profissional online: Uma experiência em processo. *Revista Brasileira de Orientação Profissional*, 6(1), 63–74.
- Suler, J. (2002). The future of online clinical work. *Journal of Applied Psychoanalytic Studies*, 4(2), 265.
- The British Psychological Society [BPS]. (2009). *The provision of psychological services via the internet and other non-direct means* (2nd ed.). Leicester: Author.
- The British Psychological Society [BPS] (2013). *Ethical guidelines for Internet-mediated research*. Retrieved on December 2, 2014, from

<http://www.bps.org.uk/system/files/Public%20files/inf206-guidelines-for-internet-mediated-research.pdf>

The New Zealand Association of Counsellors. (2012). *Code of Ethics*. Retrieved on December 1, 2014, from http://www.nzac.org.nz/code_of_ethics.cfm

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