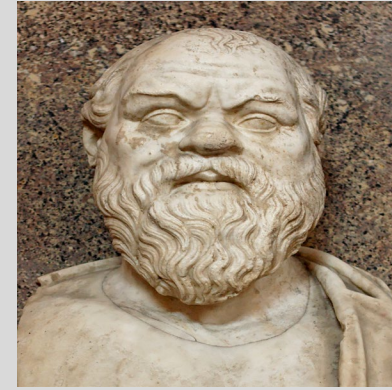


ETHICS

Staying In Line...While Online



**Confucious, Aristotle, Plato, Socrates
Heloise d'Argenteuil (1090-1164), Marguerite Porete (1250-1310),
Tullia d'Aragona (1503-1556)**

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Outline For Day

Part 1: 9-10:30

- Foundations of Ethics - A Brief Review
- Decision-Making Model with Case Study
- Digital Etiquette: Using Zoom, NAADAC 6

Part 2: 10:45-Noon

- Building Blocks (competence, confidentiality, informed consent, boundaries, etc...)
- Decision-Making Model with Case Study

Part 3: 12:30-1:45

- Understanding Regulations and Guidelines / Digital Protocols for Counselors
- Support Tools for Success

How Do Ethical Problems Occur?

The following is a list of some common reasons that ethical problems occur. Some of these are in the providers' control and others are not.

- People are human and make mistakes
- Clients misreport
- Inexperience
- Ignorance
- Unpredictable / Unforeseen situations
- Foreseen, but no way to avoid them
- Inadequate agency policies and procedures
- Guidelines not adequate for situation
- Ethics in conflict with law

The Cracks Are Where The Light Gets In

Another way to look at this is to be aware of basic assumptions about ethical awareness and decision-making.

Several theorists have examined these issues including Koocher and Keith-Spiegel (2016) and Pope and Vasquez (2016).

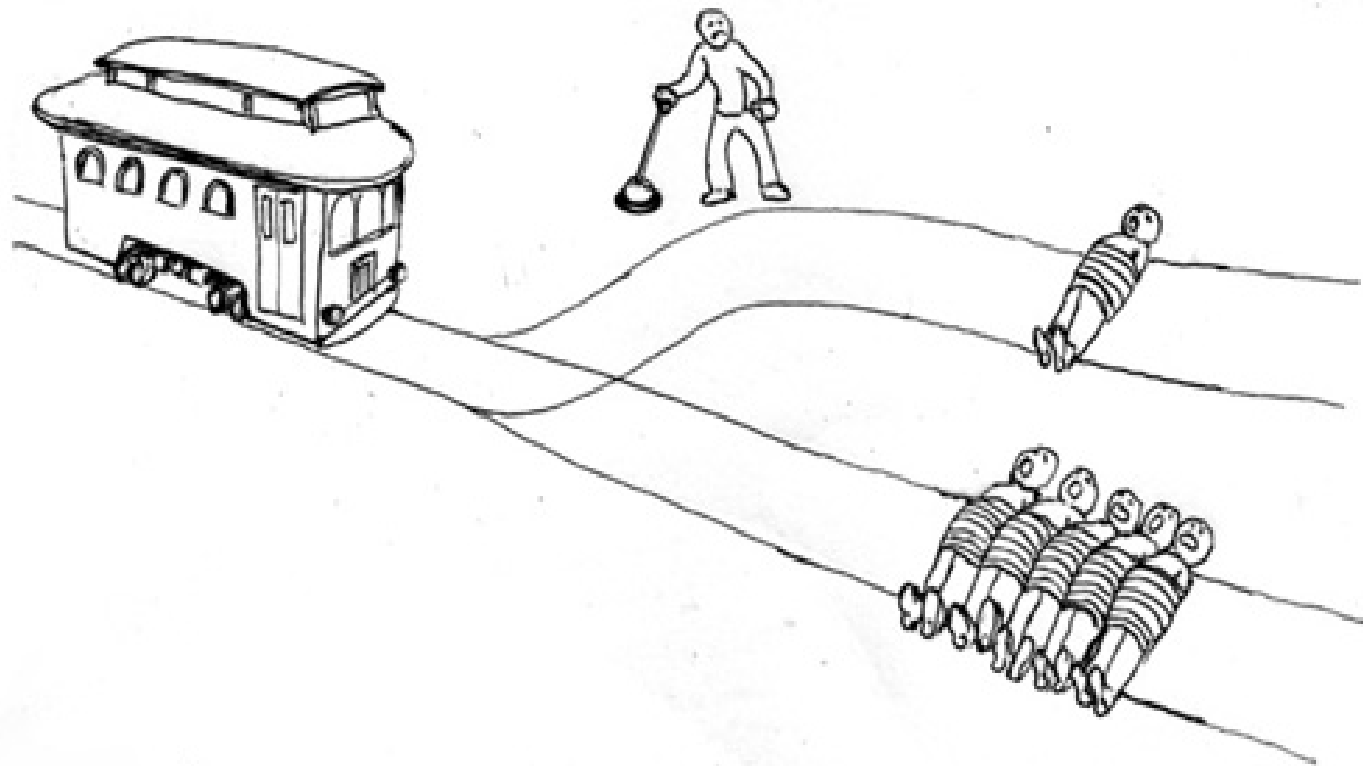
Their works illuminate the following:

1. Ethical awareness is a continuous, active process that involves constant questioning and personal responsibility.
2. Awareness of ethical codes and legal standards is an essential aspect of critical thinking about ethics and of making ethical decisions.
3. Awareness of the evolving research and theory in the scientific and professional literature is an important aspect of ethical competence, but the claims and conclusions emerging in the literature should not be passively accepted or reflexively applied.

The Cracks Are Where The Light Gets In

4. The overwhelming majority of psychotherapists and counselors are conscientious, dedicated, caring individuals, committed to high ethical standards. But none of them are infallible.
5. It is crucial to question decisions and behavior – not just the decisions of others.
6. Psychotherapists commonly encounter ethical dilemmas without clear and easy answers.
7. Consultation is almost always helpful and sometimes crucial.

We learn, and adjust, as we go.



Foundations



Foundations: General Ethical Principles to Aspire To

Nonmaleficence

The foundational ethical principle in which a person agrees to do no harm.

Harm is broadly defined and can include physical, emotional, and psychological harm, as well as violations of human rights (Beauchamp & Childress, 2013), and are culture specific and value laden.

Are there times when clients are harmed by clinicians? Times when it's clear or unclear?

Nonmaleficence

In 1977 Jonsen and Jameton categorized nonmaleficence for physicians in a manner that is still applicable to behavioral health providers today. The four categories include:

- (a) always putting the well-being of the client first (not doing harm);
- (b) providing adequate and appropriate care for clients;
- (c) properly assessing the situation including a risk/benefit analysis; and
- (d) make proper detriment-benefit assessments. These four guidelines can assist providers of all disciplines in making ethical decisions pertaining to nonmaleficence.

Foundations: General Ethical Principles to Aspire To

Autonomy

The client's right to make decisions and choices about their own lives free of coercion or pressure from providers.

Clinicians in all disciplines should strive to support and honor clients' rights to make decisions, increase clients' capacities for positive changes through appropriate interventions, discuss with clients how a decision may be perceived by others, problem solve ways to achieve autonomy, and maintain clients' privacy and confidentiality (APA, 2017).

Are there ethical dilemmas that clinicians are confronted with around autonomy?

Foundations: General Ethical Principles to Aspire To

Beneficence

Beneficence is working to benefit clients by assisting in the betterment of their lives, and contributing to clients' overall well-being.

Beneficence is a moral obligation to act for the others' benefit, helping them to further their interests, often by preventing or removing possible harms.

Beneficence should **NOT** to be equated with altruism, which is a selfless act, with no expectation of any direct (or indirect) compensation or benefits.

Foundations: General Ethical Principles to Aspire To

Justice

All mental health professionals are charged with acting in a fair and just manner.

The principle of justice works to ensure that all clients have access to services, resources, and opportunities for growth despite challenges.

Do professions differ in how they approach this principle?

Foundations: General Ethical Principles to Aspire To

Integrity

Adherence to moral and ethical principles; soundness of moral character; honesty.

Integrity might be better defined for what it isn't: Unfairness, sleight, underhandedness, meanness, duplicity, fraud...

Integrity is the overall guiding aspiration that weaves through all the rest of the principles we discuss.

“External” Foundations: Mandated/Proscribed Ethics

- Ethical Codes of Conduct
- State and Federal Law and Regulations
- Agency Policies and Procedures
- Relevant Practice Guidelines
- Knowledgeable Colleagues
- Attorneys who specialize in Mental Health law

Ethical Decision-Making Model

- Determine if there is an ethical or legal consideration
- Information gathering and laying out the facts (What do we know?)
- Consult existing literature - ethics, law, standards of care
- Consider implicit or explicit cultural factors
- Determine the options and consequences (risk/benefit analysis)
- Consult with a colleague and/or legal counsel
- Choose the best course of action
- Action
- Documentation
- Review

Case Vignette: Gifts

Marianne is a problem gambling counselor working with Brenda, a client struggling with gambling who has also experienced domestic violence. After working together for several months, Brenda has experienced periods of abstinence and has also left her abusive partner. Marianne and Brenda often discuss the symbolism of a butterfly as transformation and change. While Marianne is attending a craft show one weekend she sees a small bowl in the shape of a butterfly. She considers purchasing the bowl as a gift for Brenda.

Would this be ethically and clinically appropriate?

What factors should Marianne consider in purchasing and presenting the gift?

Digital Etiquette: “Netiquette”

Using Zoom: Conference Call Etiquette

<https://youtu.be/0i9JNqFXWnc>

NAADAC PRINCIPLE VI

E-THERAPY, E-SUPERVISION, AND SOCIAL MEDIA ETHICS FOR COUNSELORS

Denise F. Quirk, M.A. denise@renopgc.org

20 Points of E-Ethics: Telehealth Guides

- ❓ This is section 6 of the 21-page “NAADAC Code of Ethics”
- ❓ Consider following “Person-Centered Tech” for courses and templates you could use in your private practice or agency (personcenteredtech.com)

VI-1: Definition

- ❓ “E-Therapy” and “E-Supervision = services using technology + HIPAA-compliant resources
- ❓ Electronic platforms could include = land-based and mobile communication devices, fax machines, webcams, computers, laptops, tablets, etc.
- ❓ E-therapy = tele-therapy, real-time-video-based therapy and services, emails, texting, chatting, and cloud storage.
- ❓ Safe and confidential as possible

VI-2: Competency

- ❑ Addiction professionals SHALL pursue specialized knowledge and competency re: technical, ethical, and legal considerations specific to technology, social media, and distance counseling
- ❑ Competency demonstrated = specialized certifications and additional course work and/or trainings

VI-3: Informed Consent

- ❑ Professionals SHALL provide an informed consent:
- ❑ Explain rights of clients/supervisees to be fully informed of services
- ❑ In clear language re: purpose, risks, limitations and costs,
- ❑ Reasonable alternatives, right to refuse, right to w/d consent,
- ❑ Reviewed in writing and verbally including rights & responsibilities,
- ❑ Have client/supervisee attest to their understanding of parameters.

VI-4: Informed Consent

- ❑ Thorough e-therapy informed consent SHALL be executed at the start of service. The discussion SHALL include:
 - ✓ Credentials, physical location of practice & contact info
 - ✓ Risks/benefits of engaging in telehealth, tech, and/or social media
 - ✓ Alternative methods if failure of technology occurs
 - ✓ Anticipated response time
 - ✓ Emergency procedures to follow

VI-4, Continued...

- ❑ When the counselor is NOT available
- ❑ Time zone differences
- ❑ Cultural and/or language differences that may affect services
- ❑ Possible denial of insurance benefits
- ❑ Social media policy

VI-5: Verification

- ❓ Addiction professionals SHALL take reasonable steps to verify the client's/supervisee's identity prior to engaging in the e-therapy relationship
- ❓ Verification can include picture ID's, code words, numbers, graphics, or other nondescript identifiers

VI-6: Licensing Laws

- ❓ Professionals SHALL comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care.
- ❓ Providers SHALL, during informed consent, notify clients/supervisees of mandatory reporting and related ethical requirements such as duty to warn/notify being tied to the jurisdiction where the client/supervisee is receiving services.

VI-7: State & Federal Laws

- Professionals using technology, social media, and distance counseling recognize they are subject to state and federal laws governing the counselor's practicing location during the actual delivery of service.

VI-8: Non-Secured

- ❓ Professionals recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential.
- ❓ ...SHALL inform that electronic exchanges may become part of clinical, academic or professional records.
- ❓ Efforts SHALL be made to ensure privacy
- ❓ Internet-based counseling SHALL be conducted on HIPAA-compliant servers
- ❓ Therapy SHALL NOT OCCUR using text-based or email-based delivery.

VI-9: Assess

- ❑ Professionals SHALL assess and document the client's/supervisee's ability to benefit and engage in e-therapy services.
- ❑ Consider the client's cognitive capacity and maturity, past and current Dx, communication skills, level of competence using technology, and access to the necessary technology.
- ❑ Consider geographic distance to nearest Emergency Dept.
- ❑ Support system; health status; substance abuse past or present, and violence or self-injurious behavior

VI-10: Access

- ❑ Professionals SHALL inform clients that other persons (i.e., colleagues, supervisors, staff, consultants, I.T. personnel) might have authorized or unauthorized access to records or transmissions.
- ❑ Providers use current encryption standards within their websites and for technology-based communications.
- ❑ Providers take reasonable precautions to ensure the confidentiality of information transmitted.

VI-11: Multidisciplinary Care

- ❓ Professionals SHALL discuss with the client that optimal clinical management may depend on coordination of care between a team.
- ❓ Providers shall explain that they may need to develop collaborative relationships with local community professionals, i.e. Primary Care and Emergency Service Providers.

VI-12: Local Resources

- ❓ Professionals SHALL be familiar with local in-person mental health resources should the Provider exercise clinical judgment to make a referral for additional substance abuse, mental health, or other appropriate services.

VI-13: Boundaries

- ❑ Professionals SHALL appreciate the necessity of maintaining a professional relationship with their clients/supervisees.
- ❑ ...SHALL discuss, establish and maintain professional therapeutic boundaries with clients/supervisees re: the appropriate use and application of technology and the limitations of its use.

VI-14: Capability

- ❓ Professionals SHALL take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally is capable of using e-therapy platforms
- ❓ Whether e-therapy/supervision is appropriate for the individual's needs
- ❓ All SHALL agree on the means of e-therapy/e-supervision to be used and the steps to be taken in case of technology failure
- ❓ Providers shall follow up to correct potential concerns

VI-15: Missing Cues

- ❑ Professionals SHALL acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the counseling/supervision process.
- ❑ Providers SHALL discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically

VI-16: Records

- ❑ Professionals understand the inherent dangers of E.H.R.'s.
- ❑ Providers are responsible for ensuring that cloud storage sites in use are HIPAA compliant.
- ❑ Providers inform clients/supervisees of risks/benefits of storing records in a cloud-based system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure.
- ❑ Providers SHALL use encryption programs to protect confidentiality.

VI-17: Records

- ❑ Professionals SHALL maintain electronic records in accordance with relevant state and federal laws and statutes.
- ❑ Providers SHALL inform clients on how records will be maintained electronically and/or physically.
- ❑ This includes the type of encryption and security used to store the records and the length of time storage or records is maintained.

VI-18: Links

- ❓ Professionals who provide e-therapy and/or maintain a professional website SHALL provide electronic links to relevant licensure and certification boards and professional membership organizations (i.e., NAADAC) to protect the client's/supervisee's rights and address ethical concerns.

V-19: Friends

- ❓ Professionals SHALL NOT accept client's "friend" requests on social networking sites or email (from Facebook, My Space, etc.) and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts.
- ❓ When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the two.

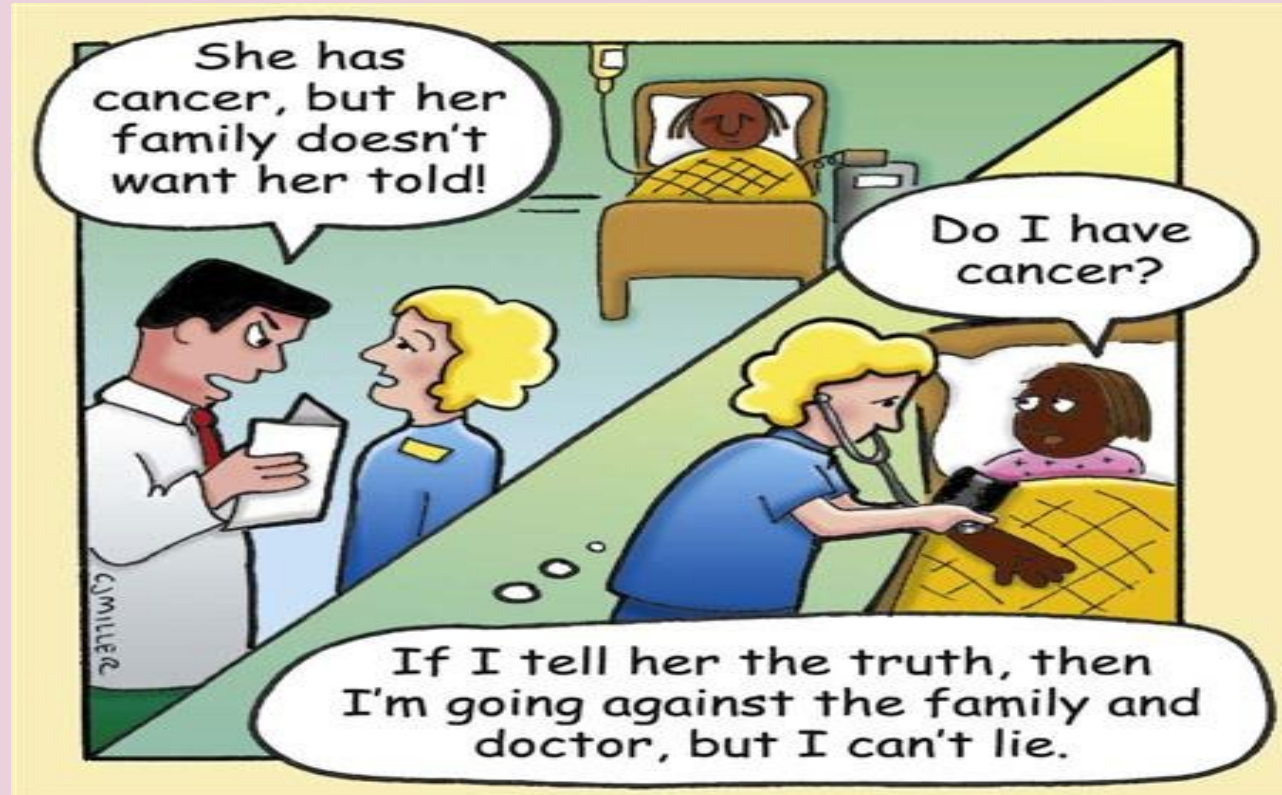
VI-20: Social Media

- ❓ Professionals SHALL clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media.
- ❓ Providers SHALL clearly explain their policies and procedures specific to the use of social media in a clinical relationship.
- ❓ Providers SHALL respect the client's/supervisee's rights to privacy and shall not investigate the client/supervisee without prior consent.

BREAK
15 minutes

The Building Blocks of Ethics

- Competence
- Confidentiality
- Privilege
- Informed Consent
- Boundaries



Competence: Definition

Competency is defined as sufficiency relative to an external standard, and it assumes that competence is always being enhanced.

Gained through a, training, supervised practice, and professional experience.

How do you know you are competent?

Competence: Components

Clinical or Technical Knowledge

Social Skills

Emotional Well-Being

- *To be ethical is to be competent, and to be competent is to perform ethically*

-

Competence x 2: Intellectual and Emotional

Intellectual: Knowledge of how to do our work

- Empirical research, theories, interventions, skills, that have evidence or promise of effectiveness
- Knowing what has been proven not to work
- Knowing what we don't know - boundaries of our competence

Emotional: Knowing ourselves

- Acknowledging our own fallibility
- Self awareness, self acceptance and self monitoring
- Dealing with strong emotional content and reactions
- Self care strategies identified and utilized

Confidentiality: Definition

Confidentiality is a general standard of professional conduct based in statutes, case law, and ethics.

Governed by the “law of no surprises” and “the parsimony principle.” It creates a culture of safety. It’s the responsibility of all who interact with the client.

Confidentiality Ethics Rule: Protect confidential information, disclose only with client consent, and inform clients in advance of any foreseeable exceptions, using language that can be understood by the client(s).

Confidentiality: Ethical Exceptions

Disclose without client consent only:

- As mandated by law
- Where permitted by law for a valid purpose

“What we should do AND what we will do”

Personal examples while using TeleHealth (incl. telephone, text, email, Zoom...)??

Confidentiality: An Ethical Practice Model

1. Prepare
2. Tell clients the truth “up front”
3. Obtain truly informed consent to Disclose Voluntarily (*initiate informed consent conversations whenever you foresee that an issue of disclosure might come up/arise*)
4. Respond ethically to legally imposed disclosure situations
5. Avoid the “avoidable” breaches of confidentiality
6. Talk about confidentiality

Privilege

Privilege is the legal term that describes specific relationships protected from disclosure. The client owns the privilege. It is waived in malpractice or when a mental health condition is basis for a lawsuit.

Subpoenas - formal requests for documents. Does not override the patient's right to confidentiality. However, a subpoena cannot be ignored. The clinician will have to respond citing privilege. (*Think of it as an "invitation to dance"*)

Court Orders - does override a patient's right to confidentiality. The clinician must comply or be held in contempt. The clinician can and should declare privilege on behalf of the client and ask the judge to consider the concerns. (*"the dance"*)

Informed Consent

Shared decision-making. Informed consent brings structure to the therapeutic relationship, and provides the opportunity for understanding the shared experience between therapist and client.

A process of communication and clarification that “sets the tone.”

What is your process for informed consent?

Informed Consent: Components of...

Although the content of the informed consent process may vary from client to client, it generally includes the following factors:

- Goals of therapy/psychotherapy services
- Risks and benefits of therapy
- Approximate length of the process
- Alternatives to therapy
- Fees and services
- Qualifications and background of the counselor

Informed Consent: PHI

If the provider needs to be HIPAA compliant (transmission of information to third parties) the informed consent process must also include specific information about access to **PHI** (protected health information)

In general, the informed consent process may be either “formal” (i.e., in writing) or “informal” (by discussion). There are several instances in which a person must be informed in writing. These include when a client needs to undergo psychosurgery or electroconvulsive therapy or is a participant in a research study.

Once you provide informed consent, is that it? Is it over?

Informed Consent: Special Circumstances

To consent implies capacity to understand.

What unique circumstances might affect the informed consent process?

Personal examples while using TeleHealth (incl. Telephone, text, email, Zoom...)??

Boundaries

Self Disclosure

Gifts/Bartering

Physical Contact

Multiple/Dual Relationships

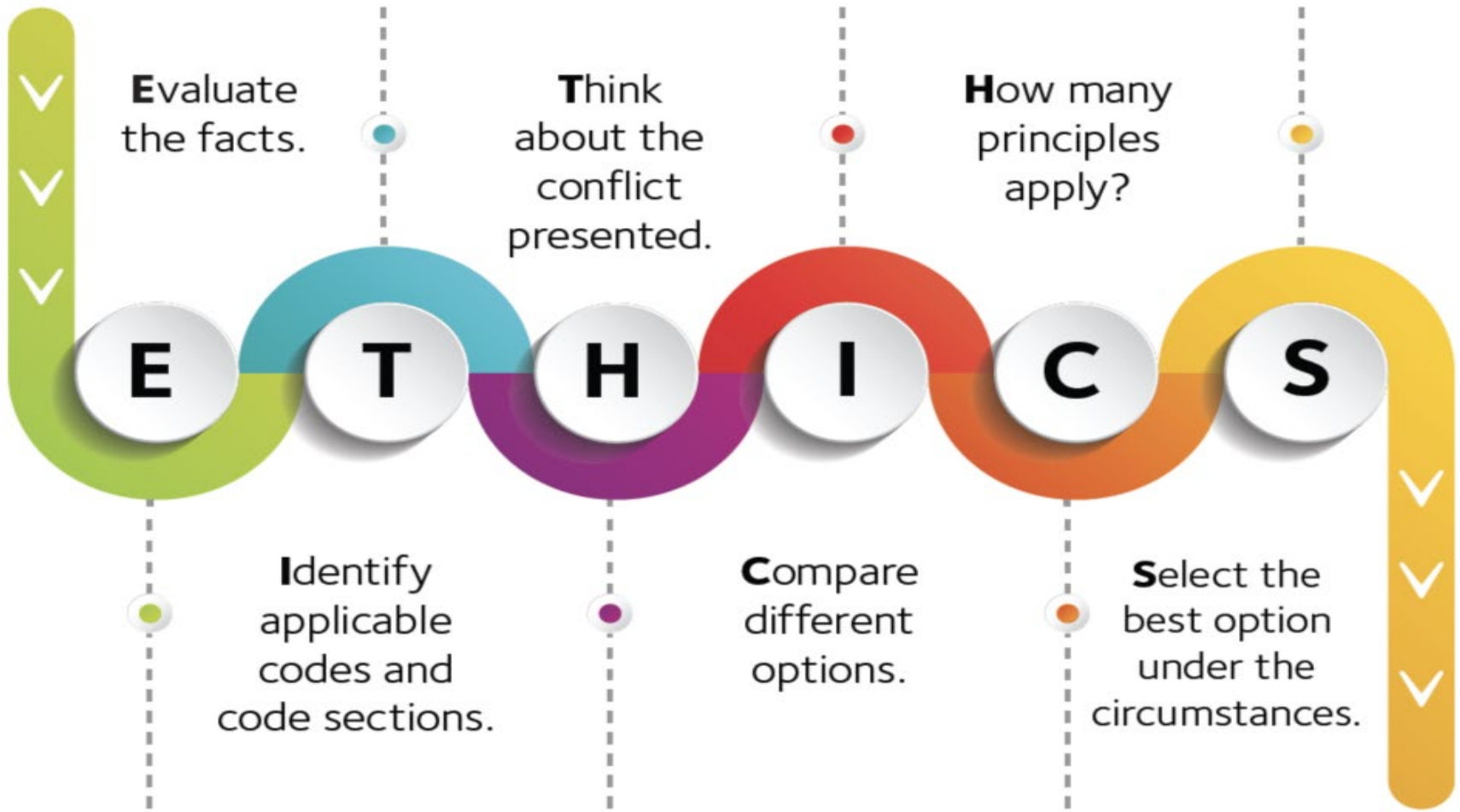
Sexual Relationships

Online Relationships



Case Vignette: Abuse

Connie is a 39-year-old mother of two married to Carl. She has been concerned about Carl's frequent visits to the local casino and about the recent withdrawals from the family bank account. This past weekend she attempted to stop him from leaving the house to go gamble. The normally mild-mannered Carl became so enraged that he pushed her down, stating that if she tried to do that again he would "beat the hell out of her."



E. T. H. I. C. S.

E - Evaluate the Dilemma

Determine if there is an ethical or legal consideration. Utilize your code of ethics to understand the issue.

T - Think Ahead

Identify the options, evaluate them, consider the consequences of each, and analyze the pros and cons for each option. This step aids in identifying potential stakeholders and how each action will affect them. This often goes beyond the client and practitioner (Ling & Hauck, 2016).

E. T. H. I. C. S.

H - Help

Seek out assistance from others such as unbiased colleagues, consultants, and supervisors to talk through the different choices and courses of actions (Remley & Herlihy, 2016).

Consultants provide assistance in thinking through the different aspects of the situation, but do not provide specific answers. Questions for consultations often fall with one of four groups: legal, ethical, clinical, or risk management (Behnke, 2014; Ling & Hauck, 2016).

I - Information

The practitioner should look beyond the facts of the case and the code of ethics of their discipline to other literature, laws, agency policies, and any other written information that pertains to the dilemma.

Remaining open to all possibilities is key to the success of this step. (Ling & Hauck, 2016).

E. T. H. I. C. S.

C - Calculate Risk

All practitioners have some level of risk tolerance and know that work in their discipline places them at some level of risk. Recognizing the risk involved in each possible outcome is an important component in the decision-making process.

S - Select an Action

The practitioner chooses the best action based on the information gathered and its analysis. This decision should be in alignment with the person's code of ethics and best evidence gathered during all previous steps. This information is then documented and shared with the concerned parties/stakeholders.

4-Part Feeling Statement

When _____
I feel _____;
I want _____ and
I need _____
And I'm willing to do _____.

Paw Paw, why did those Congress people vote about ethics stuff behind closed doors on Monday?

Maybe they were hiding something



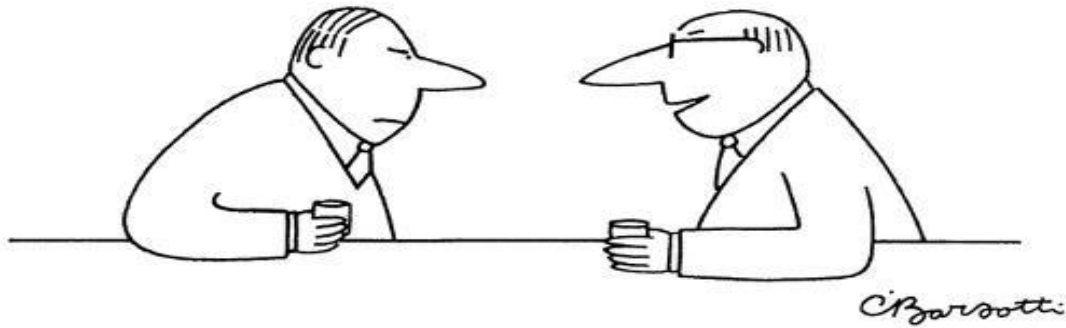
BREAK
30 Minutes

Case Vignette: Dual Relationships

Geri, an addictions counselor in a small, rural community, receives a call from Mary, an old college friend. Mary has recently discovered that her daughter, Kim, has been gambling to the point of needing to borrow money to cover her rent, and Mary is very concerned. Kim has refused all treatment, but says she is willing to talk with Geri, whom she knows and trusts. Geri is not entirely comfortable with this, but feels that the potential benefits of treating Kim would outweigh any of the issues related to dual relationships. Geri sets up a consultation, and will reassess her stand following the meeting with Kim. Did Geri make the right decision? Why or why not?

The Office (Business Ethics)

https://youtu.be/V1Xk_w9PHyE



"Get serious, John, we're talking business ethics not ethics."

Understanding and Applying Regulations and Guidelines

Digital Protocols for Counselors

Identifying and Implementing Informed Consent with
Texting, Calling, and Emailing

Ethical Duties - Telebehavioral Health

Specifically, clinicians/counselors should be able to do the following when delivering services virtually:

- Advise and help patients/clients with their use of the selected technology platform.
- Explain the reasons for their choice of technology platform (e.g., ease of use, affordability, functionality, privacy and security, federal confidentiality, 42CFR-Part 2 protections, etc...).
- Be able to explain to patients the tenets of informed consent specific to telebehavioral health.
- Translate clinical skills to provide services virtually (e.g., online engagement and support, pointing out discrepancies, employing EBPs, making referrals, etc...).
- Determine which clients should not receive services using videoconferencing.

Happy _____, Happy Life

- “The facts related to patient satisfaction, efficacy and cost effectiveness of those video interactions are irrefutable. In fact, telehealth has been supported since 1959 by many large-scale grants from governments worldwide.” (2017, Telemental Health Institute)
- 7 billion people inhabit our planet
- 3 billion have Internet access, 5.6 billion people have mobile phone access
- As of 2013, only 4.5 billion people have access to a toilet/latrine.

Yes, it's happening!

The concept of distance (remote) care was anticipated long before 1959, when the first patient to doctor telemedicine demonstration occurred at the University of Nebraska. Published in 1924, the futurist who conceived of a "radio doctor" imagined that physician would one day be able to deliver care to the patient home. Children today think nothing of Grandma visiting via videoconferencing. They get read their bedtime stories by parents, aunts, uncles and siblings who are on the other side of the country or globe. It then, is no longer a leap to consider that behavioral health professionals can deliver services via technology.



Pre-Screening: First Contact

- “Can we talk?” = How to respond when you receive a call, text, or email from a client you’ve never met
- Choose your boundaries now!
- A Separate Business Cell and Email
- A Business Account at the Bank
- A Business PC/Laptop/Tablet
- Policy and Procedure

Written Informed Consent

- Chat: Describe your current documentation and procedure for Patient Care re: phone, email, text and video communications
- *(Please write a brief bullet-point list of what you have now into the “Chat”)*

Recommended Forms

- Agency = Human Resources Policy
- Private Practice = Your Business Forms
- Any behavioral health interaction = YOU are responsible for....
 1. *Being informed and establishing safety*
 2. *Informing the client and keeping safety*
 3. *Following up and continuing assessment*
 4. *Keeping records*

Security Risk Assessment

- How do you send emails?
- Where is your laptop kept?
- Are your filing cabinets vulnerable to fire and water?

Office of Civil Rights (HIPAA) Enforcement Discretion During PHE

Waived potential penalties for violations arising out of good faith use of telehealth.

OCR allows practitioners to use non-public facing remote communication products.

“Non-public facing” remote communication products would include:

- Apple FaceTime
- Facebook Messenger Video Chat
- Google Hangouts Video
- WhatsApp Video Chat
- Zoom
- Skype

Office of Civil Rights (HIPAA) Enforcement Discretion During PHE

Do Not Use Public-Facing Platforms

Remote Communication Products are open to the public and allow wide or indiscriminate use. Examples include:

- Tik Tok
- FaceBook Live
- Twitch
- Slack

Use of Telephone and Texting

As of July 23rd, all 50 state Medicaid Agencies and Washington D.C. have issued guidance to allow for a form of audio-only telehealth services.

Texting Apps: Signal, Jabber, FaceBook Messenger, Google Hangouts, WhatsApp, or IMessage.

Texting patients using SMS texting should not be done.

“Clients increasingly expect to be able to contact providers via text messaging...although, incorporating text messaging in practice or clinical research may involve more ethical concerns.” - *Lustgarten, et al., 2020*

What Works in Outpatient

- HushMail
- Vsee or ZoomPro
- Appointments-only Texts
- Role-Playing “if I see you in public....”
- Individual Orientation for Confidentiality
- All PHI named-materials locked, hidden or covered (screens, receipts, group sign-in sheet, case files)
- No friends on Facebook

It's A Small, Small World

- Grocery Store
- Restaurant
- Church
- Gym
- School
- Instagram, Snapchat, and certain Apps

Your NAADAC Code of Ethics is The Answer

Positive Uses for Digital Communication

- “Did you receive my voicemail?”
- “Stuck in traffic.”
- YouTube video and music examples to support the group topic
- Homework assignments
- Bibliotherapy
- “Take a pic with a landmark and send it to me now”
- Photo/digital evidence to build trust

Who Will You Call?

- “Person-Centered Tech” Roy Huggins
- www.personcenteredtech.com
- Dr. Ofer Zur: Private Practice Forms
- www.zurinstitute.com

- TeleMentalHealth: Certification for Digital Practice: www.telehealth.org
 - + Your Liability Insurance (Legal Advocates)
 - + Business Law: CPA and Attorney
- Risk Assessment Attorney

Travel Basics

- Password-protect or fingerprint-protect your phone. Today.
- Laptop or tablet, same as above.
- PC or office computer, according to your agency guidelines or your own best practice for passwords
- The Cloud = “Carbonite”-protect, backup, restore or access easily and relatively cheaply

Serving As A Role Model

- Turn off phone and email.
- Use a virtual waiting room, but be on time.
- Being online can cause people to act more casually (“disinhibition effect”).
- Avoid self-disclosures or chatting (90/10 Rule: listen, reflect, support, identify discrepancies, roll with resistance 90% of the time; self-disclose/chat 10% of the time at the beginning or end of session).
- Maintain boundaries (remember this is a counseling session, not a casual virtual meeting with friends).

Coaching and Supervising

- “Distance counseling, online therapy, telepsychology, telepsychiatry (telepractice) and ‘telepsych’ -- they are all siblings in a family that is growing rapidly.” (2017, Telemental Health Institute)
- Discussion: How do you think and feel about these topics?

Distance Supervision

- What is the State rule about distance counseling and supervision for your particular certification, licensure, or current internship?
- What is your relationship and supervision arrangement with your clinical supervisor?
- Do you do “group supervision” by phone?
- Hint: Washington and Oregon are very large states; and 2020 is a very digital-savvy time.

Benefits of TeleHealth

- accessibility
- affordability
- anonymity
- acceptability
- adaptability

Roy Huggins (Person-Centered Tech) Recommends:

- Encrypt your computer (“full disk encryption”) protects confidentiality and integrity
- Create policies for carrying/storing laptop
- Keep a backup (i.e. “Carbonite”)
- HIPAA-compliant Sanction Policy for what consequences will occur to employees who break the rules
- Backup your mobile device by syncing it with your computer

Before Providing Telebehavioral Health Services

...Clinicians need to consider a patient's:

- Cognitive Capacity
- History of cooperativeness with treatment professionals
- History of violence or self-injurious behavior along with access to emergency medical services
- Support system and its efficacy
- Current medical status

Telehealth Prerequisites from Clients

What elements would YOU require to do distance counseling (video)?
(any/all?)

1. Address and phone
2. Signed consents/releases
3. Face-To-Face initial assessment
4. Payment arrangements
5. HIPAA Security Rule-- secure line
6. Medical history
7. Support person nearby w/consent

And finally...

- NAADAC Code of Ethics (www.naadac.org/code-of-ethics)
- Updated October, 2016
- Page 14: E-Therapy and E-Supervision
- Electronic/Technology Informed Consent =
- Credentials, Physical Location of Practice, Contact Info, Risks, Benefits, Emergency Procedures, Tech Failure Alternatives, Anticipated Response Time, When Counselor is Not Available, Time Zone, Culture, Language, Social Media Policy, Possible Denial of Insurance Benefits....

Case Vignette: Online Relationships

A social worker in private practice created a Facebook page. The social worker has been providing counseling services to a client who struggles with anxiety and borderline personality disorder. The client becomes obsessed with the social worker and was determined to find out information about the social worker's personal life. The client found the social worker's Facebook page and was able to access personal photos and information.

Support Tools for Success

Templates / Worksheets **

<https://personcenteredtech.com/get-our-articles-and-updates-by-email/>

** *Person-Centered Tech*

Consult, Consult, Consult...





**And Thank You to the
Evergreen Council on Problem
Gambling !!**

References

Ethics and Boundary Issues - Heidi Dalzell PHD, Teresa Crowe MSW, PHD, Beth Russell PHD

Ethical and Legal Issues in Clinical Practice - Susan Dale PHD

Overview of Telebehavioral Health - Nancy A. Roget, MS, MFT, LADC

Person-Centered Tech - Roy Huggins

Resources

ATTC/MHTTC Network Coordinating Office

- Telehealth Learning Series
- Telehealth Products

Mountain Plains ATTC

- Recorded Webinars
- Audio Consultation Sessions

Center for Excellence on PHI

Person-Centered Tech (personcenteredtech.com/goworkbook)

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