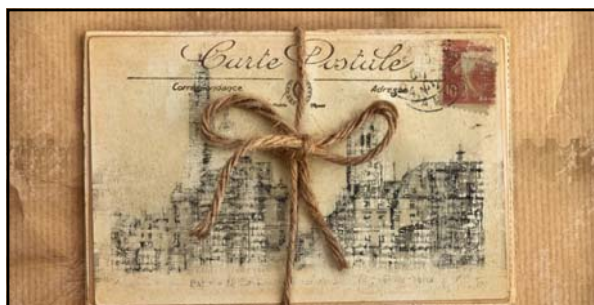


Internet could serve as a proverbial “foot in the door” for clients who are uneasy about seeking mental health treatment



“Clinicians will increasingly face expectations by their clients to provide services in the context of their preferred modes of communication.”

(Koocher, 2007)



Freud corresponded with patients through letters, and some commentators note the historical link between correspondence therapy and modern day e-therapy

(Recupero & Rainey, 2005; Pergament, 1998)

Online self-help groups appeared in 1982 and were the first form of e-help

(Kannani & Regehr, 2003)

It is estimated that hundreds of e-therapy sites are active at any point in time.

(Maheu & Gordon, 2000)

- E-therapy sites
- Clinics
- In 2001 300 independent e-therapy sites and 3 online clinics with 500 therapists

(Ainsworth, 2004)

Examples of Online Counseling Sites

- National Directory of Online Counselors
<http://www.etherapyweb.com/index.html>
- Luminet Solutions
<http://www.luminetsolutions.com/ls/Counseling.aspx>
- USC Telehealth
<http://usctelehealth.com/>
- Ask The Internet Therapist
<http://www.asktheinternettherapist.com/>
- My Therapy
<http://mytherapynet.com/>

Can a meaningful clinical relationship be developed if a client and counselor do not share the same physical space?



(Chester & Glass, 2006)

“People meet and fall in love on the Internet.... SO why would a therapeutic relationship not also be possible?”

(Alleman, 2002, p. 201)

Research has shown that a meaningful therapeutic alliance ***can be formed over the Internet, even in the absence of nonverbal cues***

MIGHT SURPRISE SOME...

(Cook, 2001; Prado & Meyer, 2006)

Outline for Counselor Track

- ★ Ethics
 - ★ Ethical Codes-Telehealth
 - ★ Competence
- ★ Practice Guidelines for Telehealth Technologies
 - ★ Guidelines
 - ★ Informed Consent
 - ★ Therapeutic Alliance Building
 - ★ Videoconferencing
 - ★ Telephone
 - ★ Messaging
 - ★ Email
 - ★ Chat
 - ★ Cultural Issues



Ethics

**Use of technology
by counselors**

- is increasing
- presents unique ethical dilemmas



(NBCC Policy, 2013)



Regulatory, ethical, and legal standards in psychology are not advancing at the same rate as technological advances

(Van Allen & Roberts, 2011)



Need to be re-written to address telehealth technologies

(Telemental Health Institute)

Development of Telehealth Ethical Codes

- The National Board of Certified Counselors (NBCC) was the first one to adopt standards for online counseling in September 1997
- The American Counseling Association (ACA, 1999) speaks directly to the issue of computer technology and online counseling
- The International Society for Mental Health Online (ISHMO) is a group established by professionals providing online services.

(Rummel & Joyce, 2011)

Ethical Codes Related to the use of Technology in Counseling/Therapy/Treatment

- NAADAC (Association for Addiction Professionals)
- National Board of Certified Counselors (NBCC)
- American Counseling Association (ACA)
- American Mental Health Counselor Association (AMHCA)
- American Association of Marriage and Family Therapy (AAMFT)
- National Association of Social Workers (NASW)

Ethical Codes

American Psychological Association (APA)

- recognizes the need for development of guidelines
- in 2011 approved a joint task force to develop telehealth guidelines for psychologists
- telehealth technologies are not currently included in the APA Code of Ethics

Ethical Codes

International Certification & Reciprocity Consortium (IC&RC)

- does not create or maintain a Code of Ethics
- IC&RC member boards deal with matter individually and recommends contacting member boards directly
- contact information for all member boards can be found at www.internationalcredentialing.org/findboard

TELEHEALTH

greater risk for miscommunications or misunderstandings that may be experienced negatively by the patient

Client may feel like they are abandoned or neglected

(Baker & Bufka, 2011)

Not only are psychologists ethically obligated to attain and maintain competency in specific practice areas and/or in working with specific populations, psychologists who use telehealth technology must also be competent in using the technology.

(Baker & Bufka, 2011)



Competence
A specific range of skill, knowledge, and ability to do something successfully or being adequately or well qualified; the condition of being capable of to meet demands, requirements

As in face-to-face therapy, competence is essential, and there must be no assumption that general therapeutic competence automatically translates to e-therapy competence

(Midkiff & Wyatt, 2008)

Verbal skill in face-to-face therapy does not necessarily translate into skill in written communication, especially interactive text-based communication that involves a series of interpersonal interpretations within each exchange

(Childress, 2000)

Proficiency

- Typing Skills- Speed Competency
- Computer technology
- Email programs
- Email functions
- Chat boxes
- Chat rooms
- Avatars
- Emoticons

(Rummel & Joyce, 2010; Midkaff & Wyatt, 2008)

The American Psychological Association Insurance Trust will include online services falling within the psychologist's license and state guidelines...

however, the insurance would likely be voided if a counseling psychologist were providing services outside their scope...

OUTSIDE SCOPE COULD MEAN PRACTICING OUTSIDE THE STATE THEY ARE LICENSED IN...

(Malle, Vogel, & Rochlen, 2005)

“Technology will continue to evolve, but the ethical principles remain constant”

(Koocher and Keith-Spiegel, 2008, p 212)

Synchronous Communications

- Telephone
- Chat (instant messaging)
- Video-conferencing

Asynchronous Communications

- Email



Practice Guidelines for all Types of Telehealth Technologies

- Verification of Location
- Verification of Patient/Professional
- Patient Appropriateness
- Informed Consent
- Patient Safety/Emergency Management

Verification is Critical

Clinical Guidelines: Verification of Location

- Compliance with relevant licensing laws
- Emergency management protocol is dependent upon where the patient receives services
- Mandatory reporting and related ethical requirements
- Provider payment amounts are tied to location

Who do you report to?

Clinical Guidelines: Professional/Patient

- Contact Information Verification for Professional/Patient
- Online psychotherapists who do not provide services to minors should also consider including a direct statement that they do not provide services to minors, and require clients to provide their date of birth in order to verify the client's age.



Patient Appropriateness for Telehealth



ATA Practice Guidelines for Video-Based Online Mental Health Services, May 2013

International Society for Mental Health Online
Person's Suitability for Online Counseling

https://www.ismho.org/therapy_suitability_assessment.asp

Clinical Guidelines: Patient Appropriateness

To date, no studies have identified any patient subgroup that does not benefit from, or is harmed by, mental healthcare provided through remote videoconferencing.

HOWEVER... Actively Psychotic?

(Day, 2002; O'Reilly et al., 2007; Ruskin et al., 2004; Germain et al., 2010; Hyler et al., 2005; Kroenke et al., 2009)

Clinical Guidelines: Patient Appropriateness

Considerations where professional staff are not immediately available

- Patient expectations & level of comfort
- Patient takes an active & cooperative role
- Patient's organizational & cognitive capacities

MOST IMPORTANT

Clinical Guidelines: Patient Appropriateness

What is their comfort level?

Other considerations:

- **Patient's Abilities with Technology...**
responsible for equipment set-up, maintenance of computer settings, and privacy at his or her site along with technology competency
- **Geographic distance** to nearest emergency medical facility, patient's support system and medical status

Informed Consent
'meeting of the minds'



LEGAL & ETHICAL DUTY

Informed consent... process by which clients are informed of their rights regarding treatment including the benefits and risks of treatment and alternatives to treatment.

(Walker et al., 2005; Berg et al., 2001; Faden & Beauchamp, 1986)

The online therapeutic provider should develop a comprehensive informed consent process and documentation

NO DIFFERENT THAN F2F EXCEPT...

(Midkiff & Wyatt, 2008)

Informed Consent

- Check with your state, as some specify that informed consent must be provided verbally and in writing to the patient
- Include notice of the patient’s right to withhold or withdraw consent at any time without affecting the patient’s right to future care, treatment, or program benefit
- Description of the potential risks and consequences of using telehealth

(Baker & Bufka, 2011)

Informed Consent

- Applicability of existing patient confidentiality/ patient access protections
- Assurances that patient-identifiable images or information from the telehealth encounter would not be disseminated to researchers or others without patient consent
- Providers must include the signed consent in the patient’s record (Arizona’s Telemedicine Statute, 2004; Telemedicine Development Act of 1996, Oklahoma Telemedicine Act, 1997)

(Baker & Bufka, 2011)

Clinical Guidelines: Informed Consent

- Confidentiality
- Technical failure
- Emergency Plan
- Risks & Benefits
- Contact between sessions
- Testimonials & Solicitation
- Websites
- Referrals

Confidentiality



Challenge and Response Process



for messaging & telephone

(Rummel & Joyce, 2019)

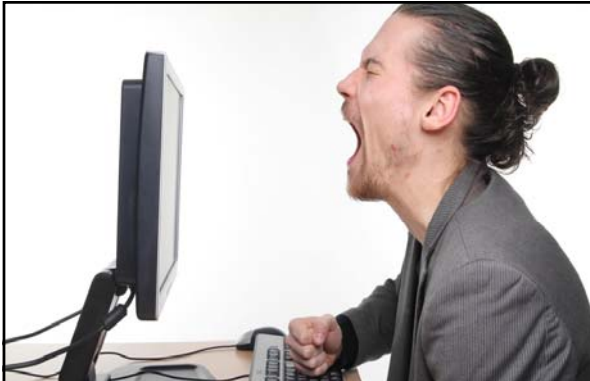
Confidentiality

- ★ Notification of HIPAA/42 CFR Part 2
- ★ Privacy/Security Issues with Telehealth
- ★ Appropriate releases
 - ★ HIPAA
 - ★ 42 CFR Part 2
- ★ Use of HIPAA Compliant Devices
- ★ Duty to Warn about SMS Texting/Email
- ★ Storage of Messages
- ★ Mandatory Reporting Requirements

Risks with Messaging

- Unlike progress notes written by the therapist, e-mails contain an exact transcript. Like stored audiotapes, documents may remain available on computers even after a file has been deleted.
- Providers may forewarn patients of content-specific risks so that patients may choose carefully what information may be discussed through e-therapy and what is better suited for a face-to-face session.

(Recupero & Rainey, 2005)



Policies if Technology is Interrupted

(Rummel & Joyce, 2010)

Immediate Actions

- Will the therapist initiate the contact
- What will be the time frame
- What if the client doesn't respond, what actions will be taken
- Prevent misunderstanding or accidental breach of confidentiality

(Rummel & Joyce, 2010)

DETERMINE...

- Who will be responsible for getting back in contact?
- Within what time frame should this contact be made, and by what means?

GOAL...

- Prevent misunderstandings or an accidental breach of client confidentiality

(Rummel & Joyce, 2010)

Web-Based Instructions

- Providers' websites should offer instruction (whom to call, phone numbers, etc.) in the event of a power outage in the client's local area or in a time of emergency that occurs when the website is unavailable.
- Since power will not be available, these instructions should be kept in hard copy by the client and therapist.

(Mickiff & Wyatt, 2008)

Abandonment

While therapists ethically avoid abandoning their clients... technological difficulties (e.g., broken internet connection) may isolate a client for extended periods or even force the termination of treatment altogether (e.g., dead computer).



(Baker & Ray 2011)

What Determines an



Behaviors Necessitating Emergency Actions

- Client abruptly terminating the session
- Client not responding to counselors' contact attempts
- Threats of violence towards self or others
- Disclosure of current physical/sexual abuse
- Disclosure of consumption of dangerous levels of alcohol/drugs (licit/illicit)
- Disclosure of stopping medication

(Rummel & Joyce, 2010)

Clinical Guidelines: Emergency Management

1. Patient safety in a setting **without** immediately available professionals

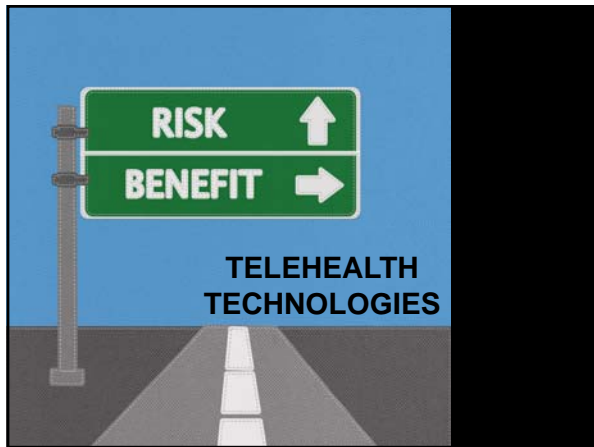


2. Patient support & uncooperative patients
3. Transportation
4. Local emergency personnel

Take Clients' Statements Seriously



(Rummel & Joyce, 2010)



Benefits of Online Counseling - Messaging

- being able to send and receive messages at any time of day or night
- never having to leave messages with intermediaries
- avoidance of voice mail and “telephone tag”
- being able to take virtually unlimited time to compose one’s message and to reflect on the therapist’s messages

(Midkiff & Wyatt, 2008; Benderly, 2005; Barnett & Scheetz, 2003; Childress, 2000; Grohol, 1999)

Benefits of Online Counseling - Messaging

- Automatic maintenance of a record of communications
- Cost savings, in some cases, as compared to face-to-face therapy
- Feeling less inhibited about self-disclosure
- Convenient scheduling
- Enjoyment of the comfort of one's own private space

(Midkiff & Wyatt, 2008; Benderly, 2005; Barnett & Scheetz, 2003; Childress, 2000; Grohol, 1999)

Risks Associated with Online Counseling - Messaging

- messages may be lost in cyberspace or otherwise may not be received
- breach of confidentiality by hackers or at the level of the Internet service provider
- e-mails may not be received if they are sent to the wrong address (which might also breach confidentiality)
- confidentiality could be breached at either end by others with access to the e-mail account or computer

(Manhau-Baugus, 2001; Rosik & Brown, 2001; Frankel, 2000; Hunt v. Disciplinary Board, 1980; Midkiff & Wyatt, 2008)



Referral Policy

- Create a policy for making a referral for a current client due to disorder getting worse or a new problem that cannot be treated by the counselor (outside of scope)
- Inform client of the need for the referral and provide information regarding contacting the new practitioner/provider
- Inform practitioner/provider of referral with release from client (42 CFR Part 2)
- Document referral in patient chart

Consumers' Recommendations for Websites

- Specifically, consumers wanted to see
 - professional's degree/licensure information
 - hours of availability
 - list of problems treated/list of therapies offered
 - years of experience/educational background
 - insurances accepted/fee scale
 - emergency procedures
 - description of policies
 - therapy information/links to self-help information
 - resumé /picture of the clinician

(Palmiter & Renjilian, 2003)

Therapeutic Alliance Building Using Telehealth Technologies



Building Rapport

- Active listening
- Verbal engagement
- Emotional engagement
- Empathy
- Self-disclosure

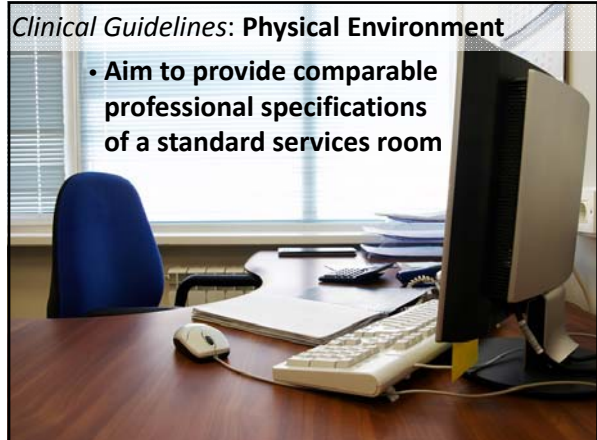
(Evans, 2009)



How to do this... using Telehealth Technologies

Videoconferencing









Announce Presence of Other People



Seating, Lighting, Camera Positioning



Videocounseling Vignette

“It takes practice for a counselor to learn to trust their “inner ear” and rely only on what they are hearing.”

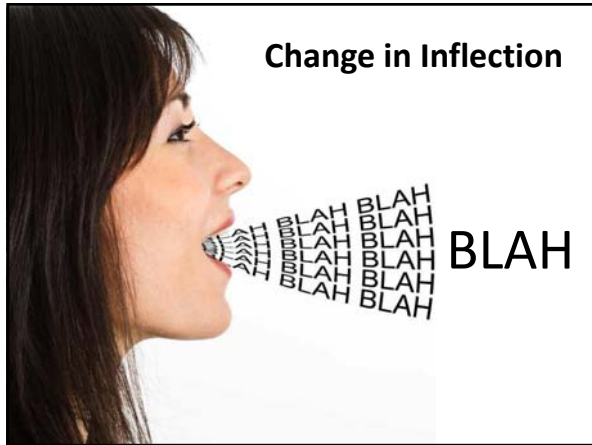


(Rosenfield, 2003)

Silence



Change in Inflection



Online Disinhibition Effect



(Suler, 2004, p. 321)



Zone for Reflection

- In online therapy clinicians can experiment with creative ways of encouraging clients take advantage of the opportunity to self-reflect before responding to the clinician's message
- In other cases the clinician may suggest that clients NOT delay their response in order to encourage a more spontaneous, uncensored reply
- For the therapist, the zone for reflection allows interventions to be more carefully planned and countertransference reactions managed more effectively

(Suler, 2004)

Development of Therapeutic Alliance using Telehealth Technologies

Skills/Attitudes when working via e-mail

- Warmth & Caring
- Conversational
- Contextualizing
- Descriptive Immediacy
- Similes, metaphors and stories
- Writing style (font, capitals, colors)
- Empathic mirroring

(Suler, 2004)

WARMTH and CARING

“I HAVE A VISUAL IMAGE OF YOU TRYING TO JUGGLE YOUR RECOVERY, COMMITMENTS TO FAMILY AND SEARCH FOR A NEW JOB.”

(Suler, 2004)

DESCRIPTIVE IMMEDIACY

“I CAN SEE YOU SITTING AT YOUR MEETING, JOHN, TRYING TO BE PRESENT BUT DISTRACTED AND WORRYING ABOUT COMPLETING YOUR JOB APPLICATION AND GOING TO YOUR SON’S BASEBALL GAME.”

(Suler, 2004)

CONVERSATIONAL

WRITING STYLE SHOULD BE CONVERSATIONAL AND LESS FORMAL AND CONTAIN FREQUENT USE OF THE CLIENT’S NAME

(Suler, 2004)

WRITING STYLE

ATTENTION SHOULD BE PAID TO THE WRITING STYLE OF THE CLIENT AS WELL AS AN INDICATOR OR CUE TO THE CLIENT'S ISSUES

Similes, Metaphors and Stories

“Similes, metaphors and stories can appeal to some clients on various levels. May help the client feel more comfortable in expressing difficult feelings indirectly. If they see you are open to these techniques they may model your behavior if it is appropriate to their style and preferences. It might help the client to become more aware of internal dynamics and sharing them.”

(In ReadyMinds Distance Credentialed Counselor, 2011
From John Suler (2004), The Psychology of Text Relationships)

Empathic Mirroring

- Empathic mirroring refers to using the client's own words in your reply.
- Using a reflective strategy can make the client feel heard and may strengthen the therapeutic alliance thus allowing the client to move into more difficult areas.

(In ReadyMinds Distance Credentialed Counselor, 2011
From John Suler (2004), The Psychology of Text Relationships)

Cultural Differences/ Counselor/Client Suitability

- Less verbal individuals or those hearing difficulties may not feel comfortable working over the telephone
- Clients who prefer chat usually want a more intimate real-time connection without “lag time” between their communications.
- Clients considering online counseling must have a basic grasp of written language and be able to express themselves in writing. These clients may also want time to edit and reflect on their communications with the counselor.

(Rosenfield, 2003)



**American Indian
Videoconferencing**

Shore (2012) reported that many American Indian Women with histories of PTSD and domestic violence say it's easier to begin working with an unknown provider over video because the distance facilitates a feeling of safety

Hispanic Latinos

- 2 Studies - patients with depression
- Despite concerns that **telephone CBT** would not be appropriate for use in a culture that values personal interactions and nonverbal communication Latino patients in this study expressed satisfaction with telephone therapy (Dwight-Johnson, et al., 2011)
- Use of **webcam** at health center to provide treatment/medication consultation with Hispanic-Latino patients (Moreno, et al., 2012)

**Extend Reach of Bilingual Treatment
Professionals in Rural Areas**

No worries

There will always be a place for face to face treatment....

(Kazdin & Blasé, 2011; Perle & Nierenberg, 2013)

However, something must change... to overcome the limitations facing the field and the notion that mental health care services are often not able to reach all those in need, particularly those in rural or remote areas.

Reach all of those in need

(Kazdin & Blasé, 2011; Perle & Nierenberg, 2013)

Must expand clinical practice

A major shift and expansion of clinical practice must occur to overcome the mental health burden and facilitate positive change.

(Kazdin & Blasé, 2011; Perle & Nierenberg, 2013)

From this, the question becomes, how do we facilitate this shift that will give mental health professionals greater reach and tools to serve the greater population?

Greater reach & tools =
TELEHEALTH TECHNOLOGIES

(Kazdin & Blasé, 2011; Perle & Nierenberg, 2013)

Whether its Group Counseling

Like This

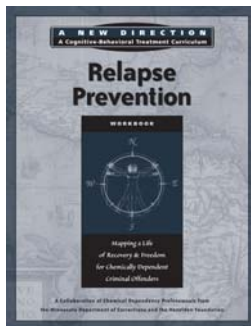


or Like This



or Client Homework

Like This



or Like This



Telehealth 
**Clients' and Providers' Best
Interests**



Expanding Access



*Enhancing
Treatment Services*



**Catch the
Telehealth Wave**

Telehealth To Grow
Six-Fold By 2017

