New Counseling Dilemmas in the Digital Age

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Use of technology by counselors

- is increasing
- presents unique ethical dilemmas

(NBCC Policy, 2013)
Presentation Outline

1. Introductions
2. Technology and Social Network Sites
3. Ethics
4. Counselor Self-Disclosure
5. Self Disclosures in Age of Internet
6. Privacy & Security
7. Social Media Policy Issues
8. Clinical Supervision & Technology
9. Ethical Reasoning
3 waves in the advancement of technology

McMinn, Buchanan, Ellens, and Ryan (1999)
In 1999 experts predicted advances in technology for therapists/counselors

1. fax machines, word processors, answering machines, and voice mail machines

2. Enhancement of test administration, scoring, and interpretation

3. use of telephone, e-mail, and chat rooms
Did we have ethical codes regarding using fax machines or voice mail ten to fifteen years ago? AND NOW.....
The Web, Cell Phones, and Social Network Sites have impacted the practice of counseling/psychotherapy.
Practitioners are vulnerable to being blindsided by NEW ethical dilemmas.

Crowley & Gottlieb, 2012
“Why did I not see this coming?”
Some Professionals Are....

ethically astute, but struggle to keep up with the technology.....

comfortable with technology but less familiar with ethical codes

Lanin & Scott, 2013
Adapting to the new culture wisely will necessarily involve both understanding the ethical principles themselves as well as developing competence in the technology of the burgeoning digital culture

Lanin & Scott, 2013
Technology has invaded our lives
Digital Immigrants

(Zur, 2012; Prensky, 2001)
“native speakers” of the digital language of computers, cell phones, video games and the Internet
As Digital Immigrants learn – like all immigrants, some better than others – to adapt to their environment, they always retain, to some degree, their "accent," that is, their foot in the past.

What is Your Digital Accent

(Prensky, 2001)
I am a digital immigrant....

Digital Accent....
SOCIAL MEDIA
Social media is a broad term that refers to online forms of communicating that any individual can employ as opposed to ‘industrial media’ which refers to professionally-produced radio, television, and film.

http://www.pcmag.com/encyclopedia/term/61162/social-media

(Kaplan & Haenlein, 2010)
Web
Cell phones
Social Network Sites
Use of the Internet
80% of Americans use the Internet

(Pew Report, 2012)
The internet as diagnostic tool...

1. **59%** of U.S. adults have looked online for health information in the past year.

2. **35%** of U.S. adults say they have used the internet to try to figure out what medical condition they or another may have. We call them “online diagnosers.”

3. **53%** of online diagnosers talked with a clinician about what they found online.

4. **41%** of online diagnosers had their condition confirmed by a clinician.

Peer-to-peer healthcare

1. Among online health information seekers, 16% in the past year tried to find others who might share the same health concerns.

2. 30% of internet users have consulted online reviews or rankings of health care services or treatments.

3. 26% of internet users have read or watched someone else’s experience about health or medical issues in the past year.

Pew Research Center/CHCF Health Survey, August 7 - September 6, 2012

Teen and adult use of social networking sites and Twitter — change over time

% of teen and adult internet users who use social networking sites or Twitter, over time

Source: Pew Research Center, 2012
Use Cell Phones & Text Messages
85% of American adults have cell phones

53% have smart phones

(Pew Report, 2012)
To put these numbers in comparison, the average of 109.5 texts per day among 18-24 year olds is more than double the comparable figure for 25-34 year olds, and twenty-three times the figure for text messaging users who are 65 or older.

**Number of texts sent/received per day, by age group**

*Based on adults who use text messaging on their cell phones*
Over half have gathered health information on their phones.

Almost 20% have a health app.
Americans now spend an average of 34 hours per month using mobile apps and mobile web browsers but only 27 hours a month getting online with their PCs

Digital Consumer Report, 2013
29% Americans own a tablet

Digital Consumer Report, 2013

average American owns four tech devices.
80% send and receive text messages

(Pew Report, 2012)
social network
Social Network Site-A Web site that provides a venue for people to share their activities with family, friends and colleagues or to share their interest in a particular topic.

Facebook, Google+, LinkedIn and Twitter are the leading social sites.

http://www.pcmag.com/encyclopedia/term/55316/social-networking-site
SNSs are a specific type of social media that allow individuals to:

- construct a public or semipublic profile within a bounded system
- articulate a list of other users with whom they share a connection
- view and traverse their list of connections and those made by others within the system

Boyd & Ellison, 2007
Examples of Social Network Sites

- Facebook
- LinkedIn
- Instagram
- Pintrist
- Virtual Worlds
- Blogs
- Micro Blogs-Twitter
- Counselor List Serves
Social Networks continued to lead as the No. 1 U.S. social networking site

FACEBOOK

You're doing it wrong.
200 million users-May 2013

Business Review Sites

78 million users - 30 million reviews

YELP Review Site
Three Ways Social Media Can Benefit You

Posted on May 2, 2013 by Barb

Social media can be beneficial to both counselors and clients, but only if it is used properly. In this post, I will discuss the benefits, and in next week’s post I will discuss the drawbacks.

Continue reading →

Posted in Counseling, Education | Tagged benefits of social media, social justice, social media in counseling | Comments Off

How Crisis Counselors Can Be Helpful

Posted on April 30, 2013 by Barb

This week’s post will discuss specific ways in which crisis counselors can be helpful.

Continue reading →

Posted in Counseling, Education | Tagged crisis counseling, how to be helpful in a crisis | Comments Off
I drink too much – What do I do?
Monday, May 6th, 2013

If you find that you drink too much, you can try to stop drinking. Or get an assessment. More tips on how to manage problem drinking here.

What is ecstasy withdrawal?
Sunday, May 5th, 2013

Although long term use of MDMA is uncommon, withdrawal can occur after periodic use of ecstasy. More on ecstasy withdrawal here.
Mindful Musings

My Mindful Musings about mental health issues and other therapy-related things. If there is something you’d like me to blog about, send me an email and let me know. And I very much enjoy receiving comments on my posts.

Articles For Clients is a compilation of my posts for consumers of psychotherapy services.

Articles For Clinicians Using Social Media is a compilation of my posts for mental health professions on the Internet.

Subscribe to Mindful Musings by Dr. Keely Kolmes by Email

Subscribe to this blog

Polyamory Presentation at the Multicultural Summit | Guest Post by Ryan Witherspoon, MA

March 11th, 2013

This is a guest post by Ryan Witherspoon, MA. Ryan is a psychology graduate student at Adelphi University and a gay/bisexual/queer cybersexual therapist.
tumblr

170 million users-100 million blogs

Since clients are likely to use SNSs it may be helpful for counselors/therapists to understand the phenomena of SNSs, even if they do not participate themselves (Myers et al., 2012)
ETHICS
Ethical Codes and Licensing Boards Haven’t Caught Up With the TECHNOLOGY

In Some Cases...Provide Little Guidance
4 types of rural dilemmas that involve multiple-role relationships

Schank and Skovholt (1997)
Overlapping social relationships

Schank and Skovholt (1997)
Overlapping Professional/Business Relationships

Schank and Skovholt (1997)
overlapping relationships involving the psychologists’ family

Schank and Skovholt (1997)
overlapping relationships involving the psychologists’ clients with other clients

Schank and Skovholt (1997)
Rural areas and Social Network Sites are characterized by:

- pervasive incidental contact
- inevitable self-disclosure
- unavoidable multiple relationships
For example, just as transparency in rural communities may involve increased knowledge of a psychologist’s whereabouts, some SNSs tag photos with exact GPS coordinates of where they were taken (Nicholson, 2011).
Technology has redefined the process of Counselor Self-Disclosure
Counselor
Self Disclosure
Self-disclosure in psychotherapy is defined as the revelation of personal rather than professional information by a psychotherapist to a client. Zur, et al., 2009
"All disclosures reflect decisions about the boundaries between the private self and the outer world."

Farber, 2006
All psychologists affirm the importance of being thoughtful and intentional about how they handle issues of self disclosure. (Schwartz, 1993)
Problems with Counselor Self Disclosure

Lost focus (e.g., disclosures that divert the interview from the experience of the client to the experience of the counselor)

Inappropriate timing (e.g., disclosures that slow the development of or abort the therapeutic relationship)

Duration (e.g., disclosures of excessive length that constitute a form of introspective disengagement on the part of the counselor)
Problems with Counselor Self-Disclosure

**Immediacy**  e.g., communicating current experiences from the counselor’s personal life about which the counselor lacks objectivity and emotional control

**Inappropriate levels of intimacy**  (e.g., excessively intimate disclosures that diminish a client’s feelings of physical and psychological safety in the service relationship or diminish the client’s confidence in the abilities of the counselor)

**Cultural violation**  (e.g., disclosures that violate cultural etiquette)
Psychotherapists’ Self-Disclosure

- Unintentional
- Deliberate
- Accidental
- Verbal
- Nonverbal
- Avoidable
- Unavoidable

Zur, et al., 2009
Counselor Self-Disclosure

- BENIGN
- APPROPRIATE
- INAPPROPRIATE

Zur, et al., 2009
Interesting professional and ethical challenges as the distinctions between private and public information blurs (Behnke, 2008).
Many Social Network users are communicating in their virtual underwear with few inhibitions” (p.45) (Van Allen & Roberts, 2011 Rosenblum, 2006)
Research found that 60% of medical schools in the sample had medical students posting unprofessional online content including:

- disclosure of patient confidentiality
- profanity
- discriminatory language
- depiction of intoxication
- sexually suggestive material

Chretien, and Kind 2009
Intertwining of the Internet and clinical practice
Even when a psychologist creates concrete guidelines for himself or herself around the area of self-disclosure, the Internet can potentially counteract even the best of intentions on the part of an ethical psychologist.
“Nothing that enters cyberspace is ever completely secure”

Collins (2007)
Clinicians must be aware that all their online postings, blogs, or chats may be viewed by their clients and will stay online, in some form, forever.
Need to examine psychologists’ personal use of SNS outside of the therapy hour and its impact on psychologists’ reputation and credibility (Van Allen & Roberts, 2011)
Certainly, we need to be thoughtful about what we post online and careful about whom we grant access to our personal information.
Questions to Ask Yourself Before Posting

What are the costs and benefits of posting the information?

Is there a high probability that clients will be significantly and negatively affected?

How will the disclosure affect my relationship with my clients?

Does the disclosure threaten my credibility or undermine the public’s trust in the field of counseling?

Gabbard, et al., 2011
Counselors Should Not POST

- post client information
- disparaging comments about colleagues or client groups
- unprofessional media (e.g., photographs and/or videos that undercut the reputation of psychological practice)
- comments about litigation in which one is involved

Gabbard, et al., 2011
Ethical Reasoning

1. recognize that there is an event to which to react
2. define the event as having an ethical dimension
3. decide that the ethical dimension is of sufficient significance to merit an ethics-guided response
4. take responsibility for generating an ethical solution to the problem

Stemberg, 2012
5. figure out what abstract ethical rule(s) might apply to the problem
6. decide how these abstract ethical rules actually apply to the problem so as to suggest a concrete solution
7. prepare for possible repercussions of having acted in what one considers an ethical manner;

Stemberg, 2012
Practitioners should contact both their professional and personal liability insurance representatives to determine if professional and personal liability insurance policies cover ethical violations related to SNSs.

Gabbard, et al., 2011
Privacy, Security, & Confidentiality Issues
Emailing Clients
SO WHAT’S THE DEAL
Final Rule specifically states because "paper-to-paper" faxes, person-to-person telephone calls, video teleconferencing, or messages left on voice-mail were not in electronic form before the transmission, those activities are not covered by this rule (p. 8342).
“electronic exchanges”
However, if the provider records the session and saves a copy....the saved version would be subject to the Security Rule provisions for data at rest.

Regardless, the treatment session and all related information and documentation are subject to the Privacy Rule provisions.
Security of Email

- Emails are stored at multiple locations: on the sender's computer, your Internet Service Provider's (ISP) server, and on the receiver's computer.
- Deleting an email from your inbox doesn't mean there aren't multiple other copies still out there.
- Emails are also vastly easier for employers and law enforcement to access than phone records.
- Finally, due to their digital nature, they can be stored for very long periods of time.
‘Email is not like mailing a sealed letter or package. It is more like sending a postcard – people are not supposed to read it while in transit, but it passes through many hands, and one can never be sure that someone is not reading it illegally’
HIPAA New Rule Regarding Email
Counseling vs. Administrative Email

• Administrative emails would include date, and time of next appointment, cancellation of appointments, rescheduling appointments, etc.

• Counseling emails include therapeutic material regarding clients’ problems and issues
Frequency of Checking Email

The important issue is what policy has the counselor communicated to the client regarding how frequently they check email.

The counselor must then abide by this policy.
Email Signature

- every e-mail sent to a client must contain a signature
- signature must include information about such issues as confidentiality, security, privacy, unauthorized access, and intended user
- For example: “this e-mail and any attachments are intended only for use by the addressee and may also contain privileged or confidential information”
Do you or your staff TEXT clients?
More than one-third of cell phone users

- have sent a text message to the wrong person (38%)
- report that a text they sent was misunderstood by the reader (37%)

http://www.saurageresearch.com/key-findings-november-december-2009/
Love you babe! goodnight!

My love for you is strong I would buy you a casket if I could!

*castle. I promise I meant castle.

Autocorrect why do you have to ruin me so?

Emily?

Hello?
Text Messages can be saved, sent to an email account, and posted online all without the other person’s permission.
Text Message Transmission Process
“Traditional Short Message Service (SMS) text messaging is non-secure and non-compliant with safety and privacy regulations under the HIPAA. Messages containing ePHI can be read by anyone, forwarded to anyone, remain unencrypted on telecommunication providers’ servers, and stay forever on sender’s and receiver’s phones.”

(American Academy of Orthopaedic Surgeons, August 2012)
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<th>Carrier</th>
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All information here for each carrier’s post-paid branch. Adapted from an infographic by Michael Cerwonka, Wired.com.
“No it is not acceptable for physicians or licensed independent practitioners to text orders for patients to the hospital or other healthcare setting. This method provides no ability to verify the identity of the person sending the text and there is no way to keep the original message as validation of what is entered into the medical record.” The Joint Commission November 10, 2011

http://www.jointcommission.org/standards_information/jcfaqdetails.aspx?StandardsFaqId=401&ProgramId=1
To ensure the patient’s privacy clinicians should consider the use of encrypted email systems or portal messaging systems that can be used by a computer, tablet, or smart phone.
Safe Practices
maintain physical control of your mobile device/computer
YOU ARE NOW IN A WIFI AREA

unsecured networks
unintentional disclosure
check out what is downloaded on your mobile device/computer and keep the security software updated

(http://www.HealthIT.gov/mobiledevices)
activate wiping and/or remote disabling
use a secure portal to send or receive PHI over public Wi-Fi networks
Implement *policies & procedures* to restrict access to, protect the integrity of, & guard against unauthorized access to electronic PHI (e-PHI)

(\textit{HHS Office for Civil Rights})
Do You or Your Agency Have a Social Media Policy?
For Clients and/or Staff?
Whether the counselor accepts friend requests from social networking sites
If a client friends you and you accept them they have access to your pictures.
Whether clients can be a Facebook fan of the counselor
Nevada's Recovery and Prevention Community

Community Organization
Student Center is in the WRB (William Raggio Building) Room 1001 on Monday to Friday 9-5.
Whether clients may be a follower of the counselor on Twitter
Our opinion is that engaging in friending and following those whom we serve, supervise, teach, or collect research data from, crosses appropriate boundary lines because it implies a personal relationship.

Kaplan, Wade, Conteh, & Martz, 2011
Whether clients can text, email, or take phone calls during sessions?
Sometimes use of technology in session provides counselor/therapist with greater insight
Whether You Utilize Listserves for Online Consultations

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Online Consultations
ONLINE Consultations

increase the possibility of inadequate and simplistic solutions

Kaslow, Patterson, & Gottlieb, 2011
ONLINE Consultations

risk of violating client confidentiality unless identifying information is well camouflaged

Kaslow, Patterson, & Gottlieb, 2011
Unless the person seeking consultation knows the counselor who is responding, he or she has no assurance about the efficacy, accuracy, validity, and soundness of the information provided.

Kaslow, Patterson, & Gottlieb, 2011
Whether messaging through social network sites such as LinkedIn or Facebook can be used to interact with the counselor.
“Clients should know that electronic communications are generally not secure methods of communication and there is a risk that one's privacy/confidentiality could be compromised with their use.”

Neace (2011)
The conditions under which Google, Facebook, or other search engines may be used to find out information about a client

Kaplan, Wade, Conteh, & Martz, 2011
The accessibility, anonymity, and universality of the Internet have made it easier and more tempting to “Google” clients.
Prevalence of Googling

• **22%** of **193** clinical psychology graduate students had Googled their psychotherapy clients. Martin, 2010

• A survey of **227** multidisciplinary psychotherapists, found that **28%** accidentally found information about clients online whereas **48%** intentionally sought this information. Kolmes and Taube, 2010
98% of doctoral psychology students had searched for at least one client’s information over the past year...

even though most reported that searching for clients online was “always” or “usually” unacceptable.

DiLillo & Gale (2011)
Patient Targeted Googling

Is it infringing on a patient’s privacy?
Would it be okay for a counselor to drive by a clients’ house?
3 Things to Consider Before Conducting Patient Targeted Googling

- consider the intention of the search
- evaluate the potential risk to the patient
- anticipate the effect of gaining previously unknown information
More In Depth Questions

1. Why Do I Want to Conduct This Search?

2. Would My Search Advance or Compromise the Treatment?

3. Should I Obtain Informed Consent from the Patient Prior to Searching?

Clinton, Silverman, & Brendel’s (2010)
More In Depth Questions

4. Should I Share the Results of the Search with the Patient?

5. Should I Document the Findings of the Search in the Medical Record?

6. How Do I Monitor My Motivations and the Ongoing Risk-Benefit Profile of Searching?  
   Clinton, Silverman, & Brendel’s (2010)
On the Other Hand
With the click of a mouse, clients can find a wealth of information on their counselors about their psychologists online.
Some personal information about the clinician may be available to the client without the psychotherapist’s knowledge or approval.
In some cases psychologists in training had either been matched with current/former clients through anonymous dating websites

Taylor, et al., 2010
Clients Googling Counselors

70% of clients reported finding personal information about their psychotherapist on the Internet only 28% discussed it with their psychotherapist (Kolmes & Taube, 2011)
How do you respond if a client tells you that he has “Googled” you or visited your website?
Whether Google Reader can be used to share articles between the counselor and client
Whether the counselor accepts testimonials on his or her various websites
American Psychological Association’s Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence."
How the counselor may or may not respond to comments or ratings posted on internet sites
How the counselor notifies clients regarding GPS Notification Services

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CLINICAL SUPERVISORS
Clinical Supervisors and Technology: A Balancing Act
Counselor supervision is ..... “the means by which skills are refined, theory and practice are integrated, and trainees explore their new professional identities in preparation for induction into their profession” (pp. 242–243)

Dollarhide and Miller (2006)
Counselors may avoid seeking guidance on Social Network/internet/technology issues because of a perceived lack of supervisor knowledge.
Importance of Supervisors Conducting Self Assessments
Clinical Supervisors....

Have you asked your supervisees if they email or text clients?
Technology could create a threat to usual patterns of supervision.
Accessible easy to approach and speak freely with
Clinical Supervisors may provide face-to-face supervision, online supervision, or a hybrid of online and face-to-face approaches.
Computer-based Clinical Supervision

(a) lower costs to supervisees
(b) increased flexibility in scheduling
(c) greater cost-effectiveness for educational institutions
(d) provision of supervision opportunities for those who live in rural areas
(e) increased diversity of counselor trainees based on increased accessibility

(Bloom & Walz, 2000; Gainor & C
• Online supervision should occur through encrypted channels

• More investigation is needed into the process of distance-based supervision and its effects on supervision quality

(Vaccaro & Lambie 2007)
HIPAA Compliant
Motivational Interviewing Using Live Supervision via Teleconferencing

Teleconferencing supervision (TCS) was developed to provide remote, live supervision for training MI.

(Smith, et al., 2012)
Supervisors should consider all the same issues relevant to counselors and their clients when considering sharing personal information online with:

1. supervisees
2. accessing supervisees’ information online
3. communicating through social networking sites with supervisees
Questions
The End