Ethics in the “i" world: Internet, telehealth, social media, texting, and e-mail
I have no conflicts of interest to disclose.

I have not received any funding from any commercial entities that may be mentioned or discussed in this presentation.

All information and opinions shared are mine alone.
We are living technology history

- An example – prior to 1973, cell phones were limited to those installed in vehicles.

- In 1983, Motorola introduced the 16-ounce "DynaTAC" phone which cost $3,500.

- 2012 – there are more cell phone users across the world, than land line users.
What is Telehealth?

Audio Technology (land line & cell phones; MP3’s; i-tunes; digital)

Video conferencing technology/internet/print (social media platforms)

Mental Health Services
(APA Ethics codes & state licenses)
Alvord, Baker & Associates, LLC is a mental health practice that has served the Washington, DC area for more than 20 years. We have two locations in Maryland, one in Rockville and the other in Silver Spring. Our services include individual therapy for adults, children and adolescents, as well as therapy for couples, families, and groups. Additional services include psychological evaluations, adoption evaluations, and school consultations. Please explore our website and feel free to contact us with any questions.

11161 New Hampshire Avenue
Suite 307
Silver Spring, MD 20904
Phone: 301.593.6554
Fax: 301.754.1034

3200 Tower Oaks Blvd
Suite 200
Rockville, MD 20852
Phone: 301.593.6554
Fax: 301.255.0461
company will focus solely on its digital encyclopedia and education tools.
HIPAA (Health Insurance Portability and Accountability Act)

- Privacy Rule – now standard of care
- Business associate agreements!!

- Security Rule –
- Administrative procedures to safeguard confidentiality and access
- Physical safeguards
- Technical security
Telecommunication system

Programmable!

T-1 lines or VPN. Voice over IP phones, etc.
HAPPY 21ST BIRTHDAY😊
Facilitating gamesmanship and generalizing behaviors through real-life play activities
Clinical Applications

- **Exposures** - Endless Loops, sounds, DVD’s, you tube [http://www.youtube.com/watch?v=F5na4nE21-c](http://www.youtube.com/watch?v=F5na4nE21-c)

- Relaxation – MP3’s

- Executive function skills (scheduling, timers, phone alerts, alarms)
Technology: Clinical applications

- Interactive “screen” systems → face recognition, social skills prompts.
Technology in the Practice

- Sending assignments for group and other therapies via encrypted email
- Testing scoring software
- Research online – APA research, Google, etc.
Tele-health

- http://www.youtube.com/watch?v=4DkezwHawXY
- Tele = technology
- Health = psychological services (tx, testing, etc.)
- Internet speed and bandwidth
- Encrypted doesn’t mean HIPAA compliant
- HIPAA compliant → HIPAAAA Certified
- Secure Platforms PC’s vs. MAC’s
- Computer Memory
- HD Cameras
References:

- HIPAA regulations
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Ethics in the “i” world: Internet, telehealth, social media, texting, and e-mail

TELEHEALTH IN THE TREATMENT OF ANXIETY:
EFFECTIVE TECHNOLOGICAL INTERVENTIONS FOR ANXIETY DISORDERS

NIKKI GODINE
I have no conflicts of interest to disclose, and have not received any funding from any commercial entities that may be mentioned or discussed in this presentation.

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## Technologies

<table>
<thead>
<tr>
<th>Administrative</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Telephone</td>
<td>• Telephone</td>
</tr>
<tr>
<td>• Computer</td>
<td>• Computer</td>
</tr>
<tr>
<td>• Fax machine</td>
<td>• Cell phone (talking, texting, apps)</td>
</tr>
<tr>
<td></td>
<td>• IATV</td>
</tr>
<tr>
<td></td>
<td>• Internet (chat, forums, message boards)</td>
</tr>
<tr>
<td></td>
<td>• Virtual reality</td>
</tr>
</tbody>
</table>
Panic Disorder

- Treatment via the Internet: an effective way to reduce panic symptoms (Bergstrom et al., 2009; Wims, Titov, Andrews, & Choi, 2010)

- Types of treatment:
  - Clinician-assisted CBT

- Settings in which this type of treatment can be used

- Clinical outcomes
Post-Traumatic Stress Disorder

- Treatment via videoconferencing and the Internet can improve symptoms of PTSD (Germain, Marchand, Bouchard, Drouin, & Guay, 2009; Lange, Rietdjik, Hudcovicova, van de Ven, Schrieken, & Emmelkamp, 2003)

  - Internet treatment
    - Cognitive-behavioral writing assignments
  - Videoconferencing treatment
    - CBT
  - Clinical outcomes
Generalized Anxiety Disorder

- Symptoms of GAD can be successfully treated through the Internet, virtual reality, and the use of biofeedback and mobile phones (Gorini et al., 2010; Pallavicini, Algeri, Repetto, Gorini, & Riva, 2009; Titov et al., 2009).
- Types of treatment
  - Clinician-assisted CBT
  - Virtual reality with biofeedback
  - Stress management and relaxation techniques
- Settings in which this type of treatment can be used
- Clinical outcomes
Social Phobia

- Internet-based treatment for social phobia reduces symptoms of social phobia and other comorbid disorders (Berger, Hohl, & Caspar, 2009; Titov, Gibson, Andrews, & McEvoy, 2009)

- Types of treatment:
  - Clinician-assisted CBT
  - CBT without clinician guidance

- Clinical outcomes
Child and Adolescent Anxiety

- Treatment delivered primarily via the Internet can be effective for a number of child and adolescent anxiety disorders (Spence, Holmes, March, & Lipp, 2006)
- Type of treatment
  - Clinician-assisted CBT
- Clinical outcomes
- How effective is it compared to in-person CBT?
References


Thank you!
Ethics in the “i” World: Social Media Ethics

ADAA
APRIL, 13, 2012
KEELY KOLMES, PSY.D., PRIVATE PRACTICE, SF, CA
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• I have no conflicts of interest to disclose.
• I have not received any funding from any commercial entities that may be mentioned or discussed in this presentation.
“I can’t explain it—it’s just a funny feeling that I’m being Googled.”
Setting Up a Google Alert

- http://www.google.com/alerts
In a survey of 332 clients, 70% reported finding personal information about their therapist on the Internet.

87% of these individuals found it intentionally while 13% found it accidentally.

78% found the information via Google, 42% found it via Facebook, 17% found information on LinkedIn. 10% found it on a blog.
<table>
<thead>
<tr>
<th>Personal Information</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family information</td>
<td>60.8%</td>
<td>141</td>
</tr>
<tr>
<td>Age/birthdate</td>
<td>54.7%</td>
<td>127</td>
</tr>
<tr>
<td>Education</td>
<td>50.9%</td>
<td>118</td>
</tr>
<tr>
<td>Home address</td>
<td>45.7%</td>
<td>106</td>
</tr>
<tr>
<td>Photos</td>
<td>45.3%</td>
<td>105</td>
</tr>
<tr>
<td>Hobbies/interests</td>
<td>37.1%</td>
<td>86</td>
</tr>
<tr>
<td>Dating/relationship</td>
<td>31.5%</td>
<td>73</td>
</tr>
<tr>
<td>Friend information</td>
<td>21.6%</td>
<td>50</td>
</tr>
<tr>
<td>Living situation</td>
<td>20.3%</td>
<td>47</td>
</tr>
<tr>
<td>History</td>
<td>19.8%</td>
<td>46</td>
</tr>
<tr>
<td>Previous career</td>
<td>18.5%</td>
<td>43</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>17.7%</td>
<td>41</td>
</tr>
<tr>
<td>Likes and/or dislikes</td>
<td>15.9%</td>
<td>37</td>
</tr>
<tr>
<td>Religion</td>
<td>15.1%</td>
<td>35</td>
</tr>
<tr>
<td>Overlapping</td>
<td>14.2%</td>
<td>33</td>
</tr>
<tr>
<td>All Other Responses</td>
<td>6.7%</td>
<td>171</td>
</tr>
</tbody>
</table>
Tips for Taking Control of Your Web Visibility

- Carefully choose which email address you use to join sites.
- Understand the privacy settings on your own (and family members’) profiles.
- Correct misinformation.
- Google’s URL Removal Tool for URLs that urgently need to be removed. (URLs that accidentally expose confidential data)
  
  https://www.google.com/webmasters/tools/removals
Social Media And Your Practice

- Consider your intent when you join a social networking site: personal or professional?
- Implement a Social Media Policy
Digital Ethics?

- Applying existing Ethical Standards to online activity.
- Ethical Standards offer a **guide** for ethical behavior.
- Development of standards is ongoing.
- Ethical dilemmas on the Internet mirror ethical dilemmas that also occur offline.
- Ethics Codes refer only to our professional activities, not personal ones.
- Distinction between professional and personal is getting blurred online.
Relevant Ethical Standards

• Ethical Standard 3.10 Informed Consent
• Ethical Standard 3.05 Multiple Relationships
• Ethical Standard 4.01 Maintaining Confidentiality
• Ethical Standard: 4.04 (b): Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.
Ethical Principle 5.05: Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

Ethical Principle 4.06 Consultations: When consulting with colleagues, (1) psychologists.... disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)
Beware Online Pseudonyms

- Invitations from people you do not know.
- Caution when replying to "strangers" in public.
- Online impersonation is fairly easy.

"On the Internet, nobody knows you're a dog."
• Know what's out there about you.
  ○ Take responsibility for your web presence.
  ○ Be proactive about cleaning it up or correcting inaccuracies.
• Consider whether access to posted information could damage a client, another professional relationship, or you.
• Distinguish between personal and professional use on social networking sites.
• Understand and use privacy settings.
• Be prepared to manage it clinically when internet activity comes into the room.
• Develop a social media policy for your practice.
  ○ Include it as a part of informed consent and discuss it.


• Florence W.; Patterson, Terence; Gottlieb, Michael. Ethical dilemmas in psychologists accessing Internet data: Is it justified? Professional Psychology: Research and Practice, Vol 42(2), Apr 2011, 105-112.

References (cont.)


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Ethics in the “i” world: Internet, telehealth, social media, texting, and e-mail

ETHICS AND LEGAL ISSUES

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I have no conflicts of interest to disclose and have not received any funding from any commercial entities that may be mentioned or discussed in this presentation.

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What is Telehealth?

“"The use of telecommunications and information technology to provide access to health assessment, intervention, consultation, supervision, education, and information across distance” (Nickelson, 1998, p. 527).

The use of the telephone, e-mail, chat rooms, and other Internet and satellite-based technologies to provide direct clinical services (e.g. texting, IATV, etc.).
Interactive Televideo Communications (IATV)
Consultation and treatment to remote locales other settings lacking specialized treatment professionals and for when clients can not access the professional in-person.

Efficiency of service delivery/cost effective
Increased access to treatment
Superior to telephone and e-mail
Treatment across great distances
Back to the Future?
Areas of Concern with IATV

- Technological limitations impacting audio/visual acuity and clarity – interpersonal cues
- Inadvertent breaches of confidentiality
- Technology failures
- Difficulty responding to emergencies
- Licensure issues
- Knowledge of local laws
- Behavioral telehealth may not be the most appropriate medium for all treatment needs
Legal and Ethical Issues

- 75% provide services across state lines
- 60% inquired about the patient’s state of residence
- 74% uncertain or incorrect about states’ telemedicine or telehealth laws
- 50% made advanced arrangements for responding to emergencies or crises
- 48% used a formal informed consent procedure prior to providing online services

(Maheu & Gordon, 2000)
Recommendations

- Use a comprehensive informed consent procedure
- Learn relevant telehealth and telemedicine laws for all jurisdictions in which you will be providing services
- Do not practice outside the scope of your license
- Follow your profession’s ethics code regardless of the therapeutic medium used
- Utilize all existing technology to protect each individual’s confidentiality
Recommendations (Cont.)

- Attend to issues of dangerousness, duty to warn and protect situations, and mandatory reporting requirements
- Make arrangements in consumers’ local areas for emergency and crisis situations. Be knowledgeable of local resources
- Maintain appropriate liability coverage and be sure malpractice insurance covers these services
- Remain aware of the limitations of both the online services provided and the technology used to offer them
Recommendations (Cont.)

- Evaluate the effectiveness of all telehealth services provided and modify them as needed
- Assess each individual’s appropriateness for this modality of treatment. Make referrals when needed and appropriate
- Practice within your scope of practice and areas of competence
- Attend to cultural, ethnic, language, and other differences that may impact effective communication
Recommendations (Cont.)

- Utilize effective documentation, adherence to termination and abandonment guidelines, and appropriate practices for fees and financial arrangements
- Ensure both clinical and technological competence needed to provide these services online
- Consult with knowledgeable colleagues, relevant statutes, applicable ethics codes, available professional standards, and legal counsel
- Participate in telehealth policy, standards, guidelines, and technology development
Social Networking
Many clients participate in social networking sites in their lives and use them as a prime means of communicating, relating, and managing relationships.

Clients may send their counselors or psychotherapists “friend” requests.

Challenges to clinician transparency, self-disclosure, privacy, and the nature of the treatment relationship.
Counseling, Psychotherapy, and Social Networking (cont.)

- Potential impact of declining on the treatment relationship.
- Potential impact of accepting on the treatment relationship.
- Losing the ability to have “real” relationships? What is considered “real” may be different for digital natives.
- Transitioning from the digital world to the “in-person” world.
Implications for Counseling and Psychotherapy

- Have a Social Networking Policy. See for example: [http://drkkolmes.com](http://drkkolmes.com)
- Address this as part of the informed consent process with every client.
- Responding to “friend” requests from current and former clients - to respond or not; implications for the counseling and psychotherapy process and relationship.
- Boundary/multiple relationship issues.
Implications for Counseling and Psychotherapy (cont.)

- Self-Disclosure issues and the blurred line between your professional life and your personal life
- The fallacy of security settings
- Searching for client information online
- Using a client’s social networking site therapeutically
- What to do with information obtained via the Internet
Ethical Issues and Dilemmas

- Boundaries and Multiple Relationships
- Self-Disclosure and Psychotherapist Transparency
- Fidelity, informed consent, and integrity

- Clinician searches for information about a client online
- Graduate student activities: A faculty member discovers a student’s blog.
- Trainees: A client discovers a student clinician’s personal website.
Seeking Ethical Guidance

- In general contacts with clients and former clients online should be viewed like any other multiple relationship. “Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical” (APA, 2010, p. 6).

- With regard to boundaries and self-disclosure the APA Ethics Code “applies only to psychologists’ activities that are part of their scientific, educational, or professional roles as psychologists... Those activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code” (p. 1).

- See also standards on Informed Consent, Confidentiality, Avoiding Harm, Exploitative Relationships, Student Disclosures of Personal Information.
Questions to ask when considering online disclosures (Lehavot, 2007):

- 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 profession of psychology?
References