

# B.C. Association of Clinical Counsellors

## Standard for the Use of Technology in Counselling

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## Introduction

The use of technology in counselling is a rapidly growing field and includes text messaging, email, internet chatting, telephone, virtual reality, and any other form of counseling that uses technology to create a bridge between the counsellor and the client that would otherwise be created in an in person meeting.

Technology is not new to counselling. What is new is the increasing number of tools available to therapists and their clients. Technological applications have proven particularly useful in situations where a client is geographically or emotionally unable to arrange a face-to-face meeting, and have for a long time been used in emergency situations where rapid communication and response is of the essence. Their use is not however limited to those situations. For many clients or in certain situations, technology can aid interactions or allow interaction to occur in a more balanced way, for example, an online discussion forum can help to minimize perceived or real power imbalances among family or work groups that would be very apparent in an in-person session. Clients in general may feel free to say things in text that they would not

otherwise say, or say as immediately. Virtual environments allow clients to explore, or to work with managing situations that would be more difficult or painful to recreate in real life (Malcoln, 2010). Some technologies, such as social networking sites, can create confusion as to the boundaries between one's professional and personal lives, where the previously learned cues are not present.

Technology, therefore, creates opportunities and also has its own particular challenges with respect to boundaries, safety of communication, and client/therapist relationship. The use of these technologies requires consideration and judgment. This standard recognizes the potential of technology as a useful tool for therapists in assisting their clients, and also addresses the special issues raised by the use of technology.

This Standard should be read in conjunction with the BCACC's other standards and guidelines, including the Standard for the Content of Clinical Records, Standard for the Collection, Use and Disclosure of Personal Information, Practice Standard on Payment for Clinical Counselling Services, and PIPA: A Counsellor's Guide, or the specific privacy legislation applicable to the RCC's practice.)

Please also refer more generally to the *Code of Ethical Conduct*.

This Standard requires RCCs to have an Electronic Communication Policy (ECP), which is intended to outline the ways in which the RCC will communicate electronically and ensure informed consent. Many RCCs are also obliged under this Standard to have a Social Media Policy (SMP), which outlines the RCC's approach to social networking and other tools that may be unrelated to the actual counselling experience, such as blogs, Facebook and the like. Detailed information on these policy requirements is included below and they are continuously referenced as needed throughout.

## Legal Right to Practice

The law around the location of electronic or telephone counselling has not yet solidified. In order for the RCC to legally provide mental health services to a client located outside of the RCC's home jurisdiction, the RCC may need to meet the requirements set by that particular jurisdiction. It should be noted for example that most American states have specific requirements for counsellors, including licencing requirements.

Some practitioners have recommended including a provision in the Consent Form and Payment Agreement that "situates" the counselling in the location where the therapist is. **Please be aware that there is no certainty that that would protect the therapist from licencing issues raised by other jurisdictions.**

The BCACC strongly recommends that RCCs only engage in electronic counselling in jurisdictions where the RCC has the necessary credentials to do so without potentially

running afoul of local requirements, thereby jeopardizing the client, the RCC, and the RCC's practice.

RCCs wishing to engage in electronic or telephone counselling outside their home jurisdiction are urged to consult a lawyer with expertise in these matters before proceeding. RCCs are expected to ensure that their use of technology does not conflict with any applicable laws. Where there are legal limitations on an RCC's practice in a particular jurisdiction, the RCC should communicate about those limitations with their clients in that jurisdiction.

## **Insurance**

It is the RCC's responsibility to ensure that their liability insurance coverage includes any part of their practices that relies on electronic tools to conduct counselling. RCCs are reminded that having appropriate insurance coverage is a requirement for membership in good standing.

## **Intake & Accessibility**

RCCs proposing to provide mental health services through the use of or assisted by technology should ascertain on intake whether the client is intellectually, emotionally and physically capable of using the technology in question.

Due to the diversity of technologies and methods for counselling, each modality engages its own unique considerations. Some more broadly applicable considerations include, but are not limited to:

1. The ability of the client to communicate using the technology. Does the client have adequate writing skills to engage in internet counselling? Is the client able to express him or herself verbally over the telephone?
2. The availability of other services, if any, for the client in the client's area and which the client is capable of accessing.
3. The client's perceived need for anonymity.
4. The client's need for specialized services.
5. The client's ability to pay for traditional vs. other forms of therapy.
6. The client's emotional suitability for this form of counselling.

Fenichel, M. (2000-2011)

If the RCC determines that the client is not capable in these areas, or that the technology is otherwise inappropriate to the client's needs, the RCC should consider alternatives, which would include offering services face to face if possible or making an appropriate referral to another service provider with whom the client can work.

RCCs should ensure that clients have reasonable access to necessary computer software, such as encryption software used by the RCC.

Clients must be given an alternate means of contacting the RCC, in the event of technology failure.

## **Electronic Communication Policy (ECP)**

Registered Clinical Counsellors (RCCs) who use any form of electronic communication in their practices should develop an Electronic Communication Policy (ECP). **Given the widespread use of electronic communication, it is anticipated that nearly all RCCs need an ECP.**

To ensure informed consent, RCCs should share the ECP with their clients as part of the intake process. **The ECP should be appended to or otherwise part of the general Consent Form and Payment Agreement.** RCCs are nevertheless reminded that consent is an ongoing process. (For more information, please see *Standard for the Content of Clinical Records*, *Standard for the Collection, Use and Disclosure of Personal Information*, *Practice Standard on Payment for Clinical Counselling Services*, and *PIPA: A Counsellor's Guide* or the privacy legislation applicable to your practice.)

An important function of an ECP is to provide the client with a general reminder of limitations in the security of information shared via each electronic medium available to the client. The ECP must also contain a description of the other known general risks and benefits of the particular form of electronic communication and what steps are taken to address those issues in the RCC's counselling practice. Specific requirements for various forms of electronic communication are addressed under the subheadings below.

The ECP should advise the client of any records that are kept of full counselling sessions. Particularly with computer-based communication, such records exist not only on the RCC's computer, but on the client's own equipment as well. The ECP should indicate how the confidentiality of this material is protected by the RCC, and it is advisable to recommend that the client protect this confidential information in the same way as they would any other personal health record. Some clients may find it therapeutic to post or reveal this information at some point, and for those instances it is recommended that the ECP should request that the client consult with the RCC before doing so.

RCCs should have, and should make clients aware of, alternative means of reaching the RCC, to be used in the event of technology failure.

In situation where a Social Media Policy (SMP) is not expressly required by this Standard, and the RCC prefers not to develop a separate SMP, the ECP should also be used to outline generally the RCC's approach to information about the client that is posted electronically by the client or others. For more information RCCs should review information contained under the headings **Social Media Policy** and **Other Online Uses Impacting Counselling**.

## Social Media Policy (SMP)

RCCs who:

- 1) Write blogs;
  - 2) Have social networking pages such as Facebook, MySpace, LinkedIn, and the like;
  - 3) Regularly make identifiable web postings to wikis or other web pages;
  - 4) Use or access Twitter or any similar form of communication; OR
  - 5) Have a client group where they can reasonably anticipate that many or most of their clients will be making use of such technology;
- are required to have a Social Media Policy (SMP).

The SMP should outline the RCC's stance on various issues, such as whether and under what circumstances the RCC will "friend" or accept "friend" invitations, how the RCC uses Twitter, etc. Specific requirements are found under the heading **Other Online Uses Impacting Counselling**.

Nothing in this Standard prevents an RCC from developing an SMP, even if one is not specifically required by this Standard.

## Informed Consent

As with any other counselling services, if the client is legally or otherwise incapable of providing informed consent to technology-based or –assisted counselling, consent must be obtained from someone authorized to give that consent on the client's behalf. **The RCC must verify the identity and authority of the person providing the consent.**

In situations where the client does not have an in-person experience of the therapist, additional care must be taken to ensure that the client has enough information about the RCC to make informed consent. RCCs should take particular care to ensure that the client knows the RCC's real name (not an online pseudonym) and credentials, and must provide the client with the opportunity to confirm credentials with the issuing institutions and to obtain information about those institutions. Providing websites, where available, of credentialing institutions is an easy way of achieving this latter goal.

Clients should be made aware of the benefits and risks of the technology-assisted or provided counselling (see more information under Electronic Communication Policy and under headings for specific counselling areas). This information should include ways in which assessment of the client's issues might be impacted by an electronic environment.

Clients should also be made aware of their alternatives to technology-assisted or provided counselling.

Intake should take into account any practical or cultural issues that may influence the effectiveness of counselling, such as time zone differences, language differences, customs or beliefs.

It is good practice to recommend prior to beginning counselling that the client should confirm with his or her supplemental health insurance provider as to whether electronic counselling is covered. Some benefit plans that cover counselling do not recognize any or some forms of electronic counselling.

## Concluding Therapy

Because of the increased disinhibition that can come with electronic communications, some practitioners have noted that it may be relatively easier for a client to begin to view their RCC as an ongoing "pen pal" rather than as a counsellor. RCCs should remain aware of this possibility. As with in-person therapy, when an electronic therapeutic process with an RCC concludes, the RCC should engage in closing/transitional activities.

## Security and Privacy

**The RCC must have a reliable means of identifying that the person to whom they are speaking, texting, emailing, etc. is the client and no other person.**

Any communication with a client, including electronic communication of any kind, should be regarded as confidential information. The privacy legislation relevant to the RCC's practice should be consulted, as this sets the standard with which all RCCs must comply. The applicable legislation should be reviewed and followed carefully in relation to electronic communication as well as other forms of communication.

Additional information for RCCs covered by British Columbia's *Personal Information Protection Act (PIPA)*, which would include RCCs in private practice, is available in *PIPA: A Counsellor's Guide*. This is a BCACC Guideline available from the BCACC and on the BCACC website.

Agreements with information technology personnel such as website administrators, technical assistance professionals, etc. should be structured so as to address issues of client confidentiality.

Firewalls, backups, and antivirus software should be used regularly and kept up to date. It is recommended that virus scans be done on a daily basis. **Encryption is required for the computer transmission of any confidential information.** The ECP should indicate what form of encryption is in use.

RCCs whose practices make use of computer-based electronic communication have a responsibility to provide a secure means for clients to communicate with them, using technology such as SSL (Secured Sockets Layer), which encrypts all information in transit (incoming and outgoing), including wireless data.

SSL remains the simplest means of ensuring computer transmissions are encrypted and its use is strongly encouraged.

If the RCC is in a situation where the RCC is obliged to use another means of encryption, the RCC should be familiar enough with the technology to recognize and manage technical difficulties in such a way that the client's security and privacy are not compromised. In making this choice the RCC should consider that encryption must also be available to the client.

In any event, as pertains to the particular form of technology to be used, the security and privacy limitations should be clearly explained to the client and there should be documented consent and understanding of those limitations, via the ECP and periodically as needed during the counselling process.

It may also be advisable to remind clients that many workplaces monitor internet, telephone, and cell phone (where the phone belongs to the employer) usage and that communications sent over an employer's network are available to the employer. As a general rule clients should be strongly encouraged to think about who has or might be able to obtain access to their communications.

RCCs should take care that their own electronic transmissions, no matter what their nature and to whom they are addressed, do not potentially reveal a client's private information to others.

## **Emergencies**

RCCs must make sure that clients understand what to do in the event of an emergency. **The client should be clearly advised not to use asynchronous communication methods, such as email, for emergency situations.** It can be useful to append this to the RCC's routinely used signature line, as well as including it in the ECP.



Even if the RCC is based in the same area as the client, the RCC should anticipate that they might not be available or may not receive or retrieve a communication in a timely enough way to address the urgent needs of the client. This risk is heightened where the client is located at a distance from the RCC, or when the counselling has been exclusively conducted in an electronic environment.

Emergency protocols should include a local backup for situations where the client may urgently need in person care (e.g. another mental health care provider based in the same area as the client, or the client's primary care doctor). They should also include calling 911 where appropriate or where other options prove unavailable.

Crisis lines can provide excellent emergency backup and counsellors should familiarize themselves with suitable crisis lines available in their clients' regions, and provide their clients with that information.

## **Documentation**

Electronic communications form part of the therapeutic record and, as such, RCCs are obliged to keep secured copies of these records. For further information please see *PIPA and PIPA: A Counsellor's Guide*, or the privacy legislation applicable to your practice, the *Standard for the Content of Clinical Records*, and the *Standard for the Collection, Use and Disclosure of Personal Information*.

In electronic communication environments involving written messages and responses, there is a complete record of the session that may not exist in other forms of counselling. In composing their communications RCCs should be constantly aware that the exact wording of what they have communicated, no matter how private or well-intentioned, can find its way to others in spite of all precautions to the contrary, and that they could be judged on the quality and nuance of their communications.

## **Payment**

The Payment Agreement should specify what charges will be incurred by the client for time the RCC spends reading and responding to electronic messages.

Where the counselling is to be conducted primarily or largely over the telephone or internet, the Payment Agreement should include provisions specifying the means of communication and how frequently it is anticipated that it will be used, as well as a means of determining the fee and how that fee is to be paid. It is strongly recommended that clients be provided with an estimate prior to commencement of counselling.

The best practice is to provide this information to the client prior to the occurrence of any meaningful electronic communication.

Please see the *Standard on Payment for Clinical Counselling Services*.

## **Competency**

Different types of therapeutic settings require different skills. RCCs should at all times ensure that their electronic communications are confined to areas they would have the necessary background and training to address in an in-person session. It is recommended that RCCs take a training course to help them adapt to using technology in counselling, and in the particular form of electronic counselling in which they propose to practice, prior to engaging in such therapy.

In addition, RCCs using or considering the use of technology to conduct therapeutic encounters should honestly evaluate their specific skills for the method of electronic counselling they use, and should take steps or training to improve in these areas. They should also remain up to date with respect to the technology they use, in particular where security and confidentiality may be impacted. Failing to ensure competence in these areas while using the technology is unprofessional, and can also be dangerous.

Various researchers have and are attempting to define specific competencies for the various modalities of electronic counselling, including but not limited to internet, text messaging, email, telephone, webcam or videoconferencing. In general, RCCs using technology in their practices are expected to be familiar with the technology. This would include its inherent risks and challenges and the ethical protocols for dealing with these.

## **Courtesy and Respect**

It should be noted, with respect to electronic communications, that the same behavioural expectations exist as in a face-to-face encounter. For example, it is considered courteous not to interrupt conversations or make flippant remarks, or to “shout” (in written communication, the equivalent would be putting a phrase in only capital letters). RCCs using electronic media should be cognizant of the tendency to subtly change behaviour in an electronic environment. Generally speaking, behaviour that would be inappropriate in person is inappropriate in an electronic encounter.

Body language in a face-to-face encounter forms a very significant part of the communication and allows easier conveyance and interpretation of nuance. As body language is missing (or, in the case of webcam and video technology, potentially somewhat delayed and incomplete, although technology is steadily improving in this

area) the counsellor must have a strong understanding of the ways in which communication can go awry. In the instance of written communications, it is extremely important to take all possible care to ensure that what you intend to say is the message the recipient actually gets.

## **Conveying Emotion**

Conveying emotion presents an additional challenge in an environment where body language is not immediately or easily accessible.

With respect to written communication, the use of emoticons in most professional and therapeutic emails is not encouraged unless the RCC is certain that the client or audience is familiar with them and uses them in the same way as the RCC does. Emoticons are prone to misinterpretation and some are culturally specific. In many instances, it is preferable to convey emotion by specifying them in words. The use of square brackets is recommended. The following example is intended only to clarify the preceding paragraph:

Client (writing): I haven't had a drink in years but I am thinking about it a lot more recently.

Therapist (responding in writing): [concern, sympathy] Can you tell me a little more about what's been happening for you?

This can also serve as a model for the client in conveying feeling and emotion, and the therapist should "check in" with the client in the same way that the therapist might do in a face-to-face encounter to confirm or clarify the emotion the therapist is sensing in the client.

Similarly, with telephone counselling, a misunderstanding is less easily perceived and fixed than in an in person encounter. Strict attendance to nuance, either written or vocal, is essential. It is also of the utmost importance that counsellors clarify any ambiguity in messages or communications received from their clients.

## **Transference and Counter-Transference**

As with in person counselling, there is the possibility for imagination to take hold and result in misperceptions of the client or therapist. This can even take the form of outright fantasy, at a more extreme level. In written electronic communication or remote video or telephone counselling, the lack of visual, or complete visual, information will make such misperceptions more difficult to detect. Misperception tends to be even easier when there is no or little visual information available that might

contradict assumptions, or in virtual reality situations where the participants' appearance may or may not reflect outer or inner reality.

RCCs should remain aware of this potential, both for themselves and for the clients, and take appropriate steps to address any misperception or transference they suspect has arisen.

## **Specific Forms of Electronic Communication**

### **Electronic Mail (Email)**

#### **Benefits and Risks**

An Electronic Communication Policy for email use might include the following benefits:

- Email is not time constrained and there is time to consider the composition of a message
- You can go back to previous emails if you want to clarify or consider something
- Email can be addressed to the counsellor directly, bypassing any administrative gatekeeper
- Email can make it easier to reduce inhibitions, as there is no immediately visible reaction from the receiving party

And risks:

- Confidentiality can more easily be breached
- Messages may not be received in a timely way or at all

#### **Email Arrangements Within the Practice**

As previously noted, emails containing confidential information must be encrypted.

It is strongly recommended that email not be used to conduct ongoing therapeutic work. A more secure form of technology is preferable for therapeutic exchanges.

If administrative staff is involved in general intake and scheduling of client sessions, the use of a separate email address for administrative staff and general inquiries is strongly recommended. A secured online form is also a highly recommended means by which clients can contact the practice.

It is also strongly recommended that clients be asked not to communicate by email unless they have a private email address with authentication (a userID and password), and access to encryption.

Electronic email records should be password protected.

Signature lines containing full names, credentials, contact information and a privacy disclaimer should be used at all times by members and staff in the practice. A privacy disclaimer can be worded as the practice feels appropriate, but should include at a minimum:

- That the message is confidential and intended for the use of the recipient only;
- That if the message has been wrongly received, the recipient is instructed to contact the sender and destroy all copies, including electronic, of the message;
- That the message is subject to the provisions of the privacy legislation applying to the practice.

### **Email and Electronic Communication Policy (ECP)**

For practices making use of email, their ECP should include:

1. What form of encryption is used by the practice.
2. A clear and complete list of whom in the practice is entitled to read and respond to emails from clients, and specifying what email address or secure online form should be used for general scheduling or inquiries vs. information addressed to the counsellor directly.
3. What staff are instructed to do should an email containing personal information be, in error, sent to the email address of an administrative assistant or office manager, or to another member of the practice. Normally that instruction will be to forward the message, unread, to the appropriate party, and to contact the sender to confirm that this has been done.
4. A protocol so that when the client receives a message from the practice, it is clear who has written the message. The use of separate email addresses for each practice or staff member is an easy way to achieve this. Signature lines should be required.
5. An indication of the anticipated turnaround time for responding to email, and what steps the client should take if a response has not been received within that time.
6. Clients should be asked to identify the purpose of any email they send, and its urgency, in the subject line.
7. All communications from the practice should include a subject line that makes clear the purpose and urgency of the communication.
8. Clients should be given an alternative means of communication for occasions when email is temporarily not available.
9. Emergencies should be specifically addressed. **When the client is in crisis, email is not an appropriate means of communication.** It is recognized as a general practice that clients should be given and instructed to use an alternative

means of reaching the therapist or a backup in an emergency situation, and, if that is not available, contact information for emergency resources available in the community.

10. Any protocol that is in place to serve as a verification of the client's identity. A good practice is to use the auto-reply feature in a packaged email program to let the sender know the message has been received. If a client receives an auto-reply, but did not send the original message, this allows the client an opportunity to confirm that they did not author the original message, and to take appropriate steps to ensure the security of their email. It may also be necessary in certain situations to agree upon a "code" word or phrase to be used in communications between the client and the therapist, to confirm the client's identity, or to take other measures that may be appropriate and agreeable as between the client and therapist. If the RCC is in doubt as to the identity of the sender, the RCC should take steps to confirm the sender prior to making any meaningful response.

## **Telephone Counselling**

### **Communication Skills**

In telephone counselling, because the verbal intonation is the only form of body language available, it is critical that the RCC possess excellent telephone listening skills.

Generally speaking, telephone counselling should be used with great care and cultural sensitivity where there is a significant language barrier or where the RCC is generally unfamiliar with the client's use of language or intonation because of cultural or other differences. Similarly, RCCs should give extremely careful consideration as to whether clients who present with high-risk behaviours or other very serious conditions or situations may benefit from another form of counselling, and make appropriate referrals.

Prior to commencing a telephone session, the RCC should ensure that the client's circumstances are such that they will be able to benefit from the session. In particular it is appropriate to ensure that the client has considered the need for private space where they will be free from interruptions (including children, pets, other calls, etc.).

Similarly, the RCC should ensure that, as with an in person session, the session is not interrupted at the RCC's end unless there is a situation that cannot wait.

The RCC should also give thought to the appropriate methodology for use in telephone counselling. It is generally accepted that brief therapy methods work well with telephone counselling.

## Security

The vast majority of telephone communication is digital, and this is more secure than analog signals. The level of security with wired telephone systems is good. Wireless telephones and cell phones have improved in security and newer models are less of a concern than older ones. However, clients should be made aware that no one can guarantee telephone security.

The “premium” option from the point of view of security is to use encryption software over the internet, such as that available with Voice over Internet Protocol (VoIP), but whether this is ethically necessary will vary, depending on the type and extent of an RCCs practice. In most instances a securely located regular telephone line will likely be sufficient.

Clients should also be advised to carefully consider the confidentiality implications of using a home phone landline (for example, others can listen on extensions, or answer the phone) or a cell phone (for example, if the cell phone is lost or misplaced, or left in an insecure location, others may become aware that the client is engaged in counselling).

As noted earlier, the RCC must have a means of ascertaining that the person to whom they are speaking is their client.

## Contracting

The contract with the client should include information about telephone counselling if that will or could be used. This helps to avoid confusion about how the services will be delivered and what to expect. In particular, it is advisable to establish up front how long sessions will be, their frequency, and the fees for any telephone counselling performed.

It may be advantageous to use a toll-free number, in which case clients would normally make the call, but **an RCC should be open to either initiating or receiving the telephone call**. In making that determination, consideration should be given to the client’s particular circumstances and any potential safety or security risks. Further, who is to initiate the telephone call should be clear for any previously arranged sessions.

There should be an agreed response to unexpected disconnections.

## Webcams and Video-Conferencing

Video conferencing, when available, is high bandwidth and the quality of sound and image tends to be better than with a webcam. However, the cost of such a facility can be prohibitive and so it is anticipated that only rarely will RCCs have this option available to them.

With webcams, although the quality of image, and sound and picture coordination, has improved rapidly, there can be significant variation. In some instances the verbal intonation may be the most reliable indicator of the client's state of mind, in others the sound quality is poor, but the image provides useful information. The software and hardware being used may not be fully up to date, as this can represent a significant financial burden for the client and for the RCC.

Generally speaking, with both videoconferencing and webcam, the client's body is not fully visible and this can complicate interpretation of body language.

An RCC needs to be alert to the ability of video-imaging software to allow a user to change the images and sounds available to the other party in the communication. The RCC must therefore have a means of verifying the identity of the client.

Further, a webcam or video session may or may not be recorded. If it is not recorded, the data will cease to exist once it traverses the internet. If it is recorded, then issues of secure storage arise, including not only electronic security, but also the physical security of the computer on which such records are stored.

There should be an agreed response to unexpected disconnections.

Therapists should be aware that some studies have shown that a lower quality electronic connection may mean that it takes a longer period of time to establish rapport (e.g. Day and Schneider, 2002).

### **Text Messaging**

RCCs considering the use of text messaging such as SMS (Short Message Service) in their practices should review both the email and telephone counselling sections above, with regard to the communication issues that can arise when communicating in text.

A concern unique to text messaging is the limit on the number of characters that exists in most text messaging environments, and the common use of "shorthand" words or characters to represent meaning. RCCs using text messaging should be familiar with the use of language in text messaging, and also sensitive to the cross-cultural issues that may arise.

Text messaging is not particularly secure. Further, a lost or misplaced cell phone, or a phone simply left in an insecure location, can inadvertently communicate to others that the client is in counselling.

Clients must be given sufficient information on these issues to make informed consent.

RCCs using text messaging for therapeutic encounters should ensure that they have appropriate training or supervision, and that this training allows them to establish clear protocols for orienting their clients to handle the insecurities of text messaging.



# Social Use of the Internet

## Blogs and Wikis

### Authoring

Where RCCs are authoring blogs or wikis, whether for personal reasons or to promote their practices, they should at all times remain aware that when they author a blog or wiki, it is public. Posts are not temporary. Whatever has been expressed, whether personality and/or private or personal opinions, is and will remain publicly available.

RCCs must at all times be asking themselves what impact their blog or wiki activities will or could have on their clinical work and clients. **They should recognize that there is a very high likelihood that some or many of their clients will be seeing this material.**

If the potential impact constitutes or could reasonably lead to a breach of the *Code of Ethical Conduct*, the RCC should not post the item in question. In any event, the RCC should be prepared to accept the consequences of any post prior to making it available to others.

It is not appropriate to conduct therapeutic exchanges via blogging. Further, a therapist should not discuss even de-identified individual cases in their own blogs.

Comments submitted to an RCC's blog should be monitored and a conscious, informed decision made as to whether to post each comment. RCCs should ask that past or present clients refrain from submitting comments to the RCC's blog. If a comment is submitted and known or suspected to be from a past or present client, the RCC should not post it, due to the risk of breaching confidentiality. The ECP is a convenient place to put this information.

### Client Blogs

Even though a client is making certain information public by using a blog, the therapeutic relationship is one in which trust and respect are essential. From that perspective, if a large part of the motive for reading a client's blog is curiosity, then reading it is inappropriate. In the usual course, it is recommended that the RCC refrain from reading the blogs of clients unless invited to do so by the client.

If the client asks or invites the RCC to view their blog, it is appropriate to first explore in session what the client hopes or anticipates from that. The client's expectations can be better managed in this way and any relationship issues before or resulting from the RCC reading the blog have a better chance of being addressed.

If the RCC, after careful consideration, is strongly of the view that in a client's unique circumstances, reading the client's blog would be important to the therapeutic process,

it may be and often is advisable to first discuss this with the client, including a discussion of the client's expectations and potential relationship issues. The RCC should be aware that relationship and ethical dilemmas could easily result from such an action. Before making any decisions in this regard, it is recommended that the RCC consult the *Guideline for Ethical Decision Making* and the *Code of Ethical Conduct*, and obtain appropriate knowledgeable supervision.

It is recommended that RCCs include a note in their ECP or Social Media Policy (SMP), if the latter is required under this Standard, that the RCC will not post comments to the blog of any past or present client, due to the risk of breaching confidentiality.

Clients may use their own blogs as a form of self-therapy or journaling, or to obtain the "collective wisdom" of the community on their personal issues. It may be advisable for the therapist to explore with a client who indicates that they blog in this way the benefits and risks of having the client's personal experiences repeated and available online.

RCCs doing electronic sessions where a word for word transcript is easily available to the client should request that before circulating or posting any portion of the transcript, the client consult with the RCC. The ECP is one place for this; however, it is recommended that the RCC consider occasional reminders through messages on their websites, or in their signature lines, or by other reasonable means.

### **Online Social Networks**

Users of social networks should be mindful that what they put on the network is publicly accessible, even with privacy settings. Posts are not temporary. Simply put, once information has been posted, it is out of the user's control.

### **Where the User is the RCC**

RCCs should ensure they are well-informed about privacy settings, and should make efforts to ensure that their own posts and pages are as private as they need them to be, given their circumstances and the nature of their practices, and the nature of the social network, whether professional or personal.

Regardless of what privacy settings are chosen, an RCC should at all times remain aware that whatever they put in a social network will inevitably contain much of their personality and their private or personal opinions will be reflected.

RCCs must at all times be asking themselves what impact their social networking activities will or could have on their clinical work and clients. **They should recognize that there is a very high likelihood that some or many of their clients will be seeing this material.**

If the potential impact constitutes or could reasonably lead to a breach of the *Code of Ethical Conduct*, the RCC should not post the item in question.

In any event, the RCC should be prepared to accept the consequences of any online social networking activity prior to making it available to others.

Many therapists and counsellors take the position that “friend” invitations will neither be accepted nor issued under any circumstances. RCCs are required to very carefully consider the potential implications of “friending” a student, client or former client. Being friended by, or friending students, clients or former clients has a risk of breaching confidentiality, or leading to dual relationships that would not be acceptable under the *Code of Ethical Conduct*. There may be other impacts on the professional relationship depending on the information disclosed. If the potential impact constitutes or could reasonably lead to a breach of the *Code of Ethical Conduct*, the RCC should not accept or issue a “friend” invitation.

In addition, RCCs are urged to consult any relevant policies or codes set by the organization, such as a university or clinic, where the relationship exists.

Where the student, client or former client has issued a “friend” invitation, the RCC’s reasons for not accepting the invitation can, and often should, be explored in person.

The RCC’s stance on these issues should be outlined in the RCC’s Social Media Policy (SMP), if required under this Standard, or in the ECP.

### **Where the User is the Client**

Even though a client is making certain information public by using social networks such as Facebook or MySpace, the therapeutic relationship is one in which trust and respect are essential. From that perspective, if a large part of the motive for reading a client’s Facebook, MySpace, or other social network postings is curiosity, then reading it is inappropriate. In the usual course, it is recommended that the RCC refrain from reading a client’s online social network postings unless invited to do so by the client.

If the client asks or invites the RCC to view their online social network page or activity, it is appropriate to first explore in session what the client hopes or anticipates from that. The client’s expectations can be better managed in this way and any relationship issues before or resulting from the RCC reading the blog have a better chance of being addressed.

If the RCC, after careful consideration, is strongly of the view that in a client’s unique circumstances, reading the client’s online social network page or activity would be important to the therapeutic process, it is generally advisable to first discuss this with the client, including a discussion of the client’s expectations and potential relationship issues. The RCC should be aware that relationship and ethical dilemmas could easily

result from such an action. Before making any decisions in this regard, it is recommended that the RCC consult the *Guideline for Ethical Decision Making* and the *Code of Ethical Conduct*, and obtain appropriate knowledgeable supervision.

The RCC's stance on these issues should be outlined in the RCC's Social Media Policy (SMP), if required under this Standard, or in the ECP.

### **Anonymous Networks**

Generally, in any situation where an RCC is using a pseudonym on an internet site, the RCC is expected to carefully consider the ethics of their postings and of their anonymity. The RCC is expected to conduct themselves with a care to the impact on their own self-care, their practices, and their clients and others who may be impacted by the RCC's online statements. This particularly applies to but is not necessarily limited to statements that imply or impact upon the RCC's professional expertise. For further information please consult the *Code of Ethical Conduct*.

If the RCC is using an online network for personal reasons, such as an online dating, chat, or meetup site, where the identity of the person with whom they are communicating may at first be hidden and revealed at a later time, the RCC should terminate the connection at once if they become aware that the recipient of those communications is a client, or a student or former client in circumstances that constitutes or would reasonably lead to a breach of the *Code of Ethical Conduct*.

If the RCC's identity has previously been revealed, and there is an existing or ongoing professional relationship (please consult the *Code of Ethical Conduct*) the RCC's reasons for ending the online connection can be explored in person. If the RCC's identity has remained anonymous, it is often appropriate to remain silent on the issue. However, in making that decision, the RCC should consider the potential impact on the student, client, or former client, and consult with the *Guideline for Ethical Decision Making* or a supervisor as needed.

If an RCC recognizes in a prospective client someone with whom they have had a personal and non-trivial online interaction, it will usually be appropriate to refer that client elsewhere.

### **Twitter**

If the RCC is tweeting information, the RCC should at all times think carefully about what is being disclosed and what impact the disclosure may have on clinical work with a client or the RCC's practice or personal self-care. **They should recognize that there is a very high likelihood that some or many of their clients will be seeing this material.**

If the potential impact constitutes or could reasonably lead to a breach of the *Code of Ethical Conduct*, the RCC should not tweet the item in question. In any event, the RCC

should be prepared to accept the consequences of any tweet prior to making it available to others. The RCC should consult the *Code of Ethical Conduct* and obtain appropriate knowledgeable supervision.

Following a client or former client on Twitter inevitably creates a dual relationship. That dual relationship may well breach the *Code of Ethical Conduct*. It is strongly recommended that RCCs **do not** follow their clients or former clients, and that this is made clear in either the ECP or the SMP, if the latter is required under this Standard. An RCC who nevertheless believes that in their particular situation there is no potential breach should consult the *Code of Ethical Conduct* and the *Guideline for Ethical Decision Making*, and obtain appropriate supervision.

## Internet Tools for Clients or Prospective Clients

### Websites

Websites are primarily used for marketing and also for psycho-education.

Marketing on a website should comply with the Standard for Promoting and Advertising Services.

It is recommended that an RCC's website include the following additional material:

1. A link to the BCACC home page, so that the client or prospective client can verify that the RCC is properly registered.
2. Links to other sites where the client can verify the RCC's credentials.
3. Reasonable accessibility to persons with disabilities, which may include technological solutions or another reasonable alternate means of obtaining the same information.
4. A means by which clients can contact the RCC in case of inability to view or use the tools on a website.
5. Definitions of technical terms and appropriate links for further information.
6. The RCC's ECP, SMP (if one exists) and general forms of the Consent Agreement and Payment Agreement used by the RCC.
7. Where the RCC is offering psycho-educational materials, a disclaimer to the effect that the materials are for educational purposes only and do not replace individual counselling. Further, they are not intended for those experiencing symptoms such as suicidal thoughts, for which emergency help should be sought.
8. Links should be up to date and professionally appropriate, and the RCC has an obligation to ensure that this is checked periodically.

## **Outside Websites**

It is often useful to encourage the client to share any web research they have done. In circumstances where the proposed counselling may be affected, the client is adversely affected, or other similar circumstances, the RCC may find it advisable to assist the client in determining the validity and reliability of therapeutic or counselling information the client finds on other internet sites. This assistance may include referral to appropriate resources, including websites known to be reliable or the client's family physician or other professional with the necessary expertise.

It is within the realm of possibility that a client's web research could trigger one of the statutory or common law exceptions to the duty of confidentiality. Please see the *Standard for Informed Consent to Clinical Counselling and the Collection, Use and Disclosure of Personal Information, PIPA: A Counsellor's Guide* or the privacy legislation applicable to your practice.

## **"Googling" Clients**

Information about many individuals is easily obtainable on the internet whether they are aware of it or not, whether they are the ones posting it or not. The therapeutic relationship is one in which trust and respect are essential. From that perspective, if a large part of the motive for researching a client on the internet is curiosity, seeking out and viewing that information is inappropriate.

If the client asks or invites the RCC to view their online information, it is often appropriate to first explore in session what the client hopes or anticipates from that. The client's expectations can be better managed in this way and any relationship issues prior to or resulting from the RCC reading the information have a better chance of being addressed.

If the RCC, after careful consideration, is strongly of the view that in a client's unique circumstances, researching the client online would be important to the therapeutic process, it is often advisable to first discuss this with the client, including a discussion of the client's expectations and potential relationship issues. The RCC should be aware that relationship and ethical dilemmas easily result from such an action. Before making any decisions in this regard, it is recommended that the RCC consult the *Guideline for Ethical Decision Making* and the *Code of Ethical Conduct*, and obtain appropriate knowledgeable supervision.

The RCC's stance on these issues should be outlined in the RCC's Social Media Policy (SMP), if required under this Standard, or in the ECP.

## **Quizzes, Web-based Forms, Handouts and Homework**

Websites offer an opportunity for collaborative efforts in psycho-education. They may be used to provide quizzes, handouts, or even general homework pages that clients can

access and download to complete and bring to sessions. They may be used to obtain material that several people may need to access, such as teachers or social workers, or to obtain helpful input from many individuals, such as teachers and family members, or they may be used to obtain progress updates directly from a client.

The RCC must have the necessary competence to understand and interpret any tools they use.

If using copyrighted material, RCCs must ensure that the copyright is respected. RCCs must have the necessary authorization to use the material and any credentials required by the copyright owner and distributor.

The RCC should have confidence that any materials used on their website contain accurate and up to date information. Claims should be supported. Reliable references should be included.

Generally speaking, a quiz, taken as a whole, should be supportable by some independent data. Quizzes and the like should not contain items clearly irrelevant to their purpose. Quizzes intended for use in assisting a formal diagnosis should be demonstrably reliable for that purpose.

The therapist should consider the need for informed consent prior to using websites tools with therapeutic impact, and should ensure that such consent is properly obtained.

Data encryption is necessary.

### **Web Based Assessments**

Reputable sources should be used for copyrighted web-based assessments. No evaluation should be used unless the RCC has the necessary credentials to administer and interpret it.

All assessments must be appropriate to their use and contain appropriate introductory information to allow informed consent. The RCC should understand the benefits and limitations of any assessment instrument. RCCs should not rely solely on assessments and their scoring algorithms, but should make their own clinical assessment.

If using copyrighted material, RCCs must ensure that the copyright is respected.

Data encryption is necessary.

### **Computer-Aided Counselling**

Extensive reliance on online resources such as homework sheets, quizzes, and assessments places the RCC into the realm of computer-aided therapy or counselling.

Computer-aided counselling goes beyond psycho-education. The computer becomes an ongoing tool in the therapeutic process. In general people who are knowingly engaged in computer-aided counselling are using an actual software package, either in the form of an online course or a game, designed to address a particular issue.

There are also several websites with mental health implications that allow an interactive experience for the client.

Such packages and sites should be independently proven and the RCC should satisfy him or herself that this is the case prior to using them. The RCC should also obtain appropriate training and authorization to use any such packages.

The RCC must review documentation from their service and software providers with respect to “bugs” and security vulnerabilities before deciding to host an online assessment or tool. It is appropriate to include this information in the RCC’s Electronic Communication Policy (ECP).

All of the above information is related to informed consent, and prior to using such packages the RCC should provide the necessary information to the client to ensure informed consent.

## **Virtual Reality**

### **Exposure Therapy**

Virtual reality has been used in clinical practice to recreate experiences that help the client to practice managing anxiety or phobias, or to practice new skills without real consequences.

Where the therapist is using virtual reality in this way, the RCC should satisfy him or herself that the package or tool they are using is independently proven. The RCC should also obtain appropriate training and authorization to use software packages.

The RCC must review documentation from their service and software providers with respect to “bugs” and security vulnerabilities before deciding to use a virtual reality tool. It is appropriate to include this information in the RCC’s Electronic Communication Policy (ECP).

All of the above information is related to informed consent. Prior to using exposure therapy virtual reality tools, the RCC should provide the necessary information to the client to ensure informed consent.

### **Alternate Realities**

Virtual reality may be useful to further realize therapeutic processes that already employ an element of “virtual reality” in the imagination of the client, such as two chair exercises. Therapists considering using technology in this way should consult carefully



with their service providers and the providers of the software they are using, to address confidentiality and security issues, and information necessary to informed consent should be disclosed to the client. Therapists should be mindful that the short and long term effects of “recreating” reality visually in this way are, to date, not fully researched, and should carefully monitor the impact on their clients.

### **Second Life and Equivalents**

Virtual reality also offers opportunities to create an “alternate universe” in which the client can be whoever they want to be, such as Second Life (SL). To date there seems to be little reliable research available with respect to counselling in that environment. What writing is available on the subject suggests potential ethical issues with respect to transference, high online disinhibition that may or may not reflect the client’s true state of mind, the visual presentation of the therapist’s avatar (should it change or remain the same), and the need for specialized training in assessing the appearance and behaviour of client avatars. (The client may appear as who they wish to be, or appear as children, or as someone they know, or change their appearance from occasion to occasion, and they are not necessarily easy to identify.)

There are also security and confidentiality issues relating to the data being transmitted through the SL servers and the fact that communication within SL is not automatically encrypted. In addition, while physical boundaries are perceived, these boundaries are only digital in nature and as such are easily breached by an experienced user.

SL from a therapeutic perspective poses some very complex questions. Until reliable research becomes more widely available, RCCs who use SL or an equivalent in any way that is intended to be or could be perceived as counselling should bear in mind that they are in uncharted waters, and should proceed with extreme caution. At a minimum, such RCCs are expected to:

- 1) Be aware of and stay up to date on the research in this area, and conduct themselves accordingly;
- 2) Obtain appropriate training where available;
- 3) Consult with legal, technical and counselling experts whenever appropriate;
- 4) Take whatever steps are necessary to ensure the safety of their clients and the confidentiality of client information;
- 5) Ensure informed consent, including the risks of SL contact;
- 6) At all times conduct themselves with careful thought and in accordance with the law in the relevant jurisdiction, the *Code of Ethical Conduct* and the *Standards of the BCACC*;
- 7) Obtain and utilize appropriate supervision.

## Podcasts

An RCC creating podcasts should be mindful of the provisions of the *Code of Ethical Conduct* and should construct their podcast accordingly. RCCs must at all times be asking themselves what impact their podcast activities will or could have on their clinical work and clients. **They should recognize that there is a very high likelihood that some or many of their clients will be seeing this material.**

When creating podcasts for psycho-educational purposes, RCCs must remain mindful of the need for competence and confidentiality. RCCs should avoid reference to real cases. Fictional cases are preferable.

It is recommended that an encrypted web form be used if the RCC wishes to solicit feedback for a podcast. The use of a form allows the RCC some ability to control the content and make it clear that issues pertaining to individual counselling cannot be addressed.

As podcasts can be subscribed to and accessed all over the world, psycho-educational podcasts should include a disclaimer to the effect that they are a self-help tool and do not replace individual counselling or represent an attempt to solicit clients from jurisdictions where the RCC does not have the legal ability to practice. Further, they are not intended for those experiencing severe symptoms such as suicidal thoughts, for which emergency help should be sought.

The RCC should remain aware of cross-cultural issues and, in issuing a psycho-educational podcast, should strive to avoid any harm that may be created to people of cultures other than the RCC's.

## Faxes

Practices where confidential client information may be sent by fax should address issues of confidentiality and fax technology in their ECP. As with any other electronic communication or record, faxes should be handled with awareness of the information they contain and the RCC's duties under *PIPA* or other applicable legislation.

Fax machines (or computers used to send faxes) should be located, secured, and monitored in such a way that confidential material is protected. The use of keylocks and confidential mailboxes is encouraged.

Protocols should be established to ensure that only the person intended to receive a confidential fax within the practice reads that fax.

RCCs should consult with their service providers and technical experts to ensure adequate security is in place for faxing and receiving confidential information.

Faxes containing confidential material should not be sent unless the RCC is sure that the recipient will be receiving it directly, or it is being sent to a secured fax machine and the intended recipient has authorized its transmission to that number, or it is being sent to a confidential mailbox.

Faxes should at all times contain a cover page specifying the number of pages in the fax, and a notation that the fax contains confidential material intended for the recipient only. It should also state that if the fax is wrongly received immediate notification to the sender is requested along with destruction (shredding) or secure return of the paper fax and all copies.

Activity reports should be printed for each fax sent, and should be routinely examined following each transmission, to ensure there have been no errors. An RCC must take all reasonable steps to retrieve a transmission that has been sent in error.

Fax history reports should be similarly reviewed on a regular basis, on a schedule that takes into consideration both the sensitivity of the information transmitted and the volume of faxes sent.

## References

- Ainsworth, M. (1995-2011). *ABC's of internet therapy guide*. Available at <http://www.metanoia.org/imhs/index.html> [accessed June 25, 2011].
- American Counseling Association. (2005). Section A.12 in ACA Code of Ethics.
- Anthony, K. and Merz Nagel, D. (2010). *Therapy online: A practical guide*. Los Angeles: Sage Publications Ltd.
- Anthony, K., Merz Nagel, D., and Goss, S. eds. (2010). *The use of technology in mental health: Applications, ethics and practice*. Springfield: Charles C. Thomas – Publisher, Ltd.
- British Association for Counselling and Psychotherapy. (2010). *Ethical framework for good practice in counselling and Psychotherapy*.
- Bryce, G. (2004). *PIPA: A counsellor's guide*. BC Association of Clinical Counsellors.
- Day S.X. and Schneider, P.L. (2002). *Psychotherapy using distance technology: A comparison of face to face, video and audio treatment*. *Journal of Counseling Psychology*, 49(4), 499-503.
- Drude, K. and Lichstein, (2005). M. *Psychologists' use of email with clients: Some ethical considerations*. *The Ohio Psychologist*, August, pp. 13-17.
- Fenichel, M. (2000-2011) "Online psychotherapy: Technical difficulties formulations and processes" in Fenichel.com. Available at [www.fenichel.com/technical/shtml](http://www.fenichel.com/technical/shtml) [accessed May 13, 2011].
- Gearhart, D. (2005). *The ethical use of technology and the internet in research and learning, as submitted to the Spring Symposium of the Centre of Excellence in Computer Information Systems*.
- International Society for Mental Health Online (2000). *Suggested principles for the online provision of mental health services*. Available at <https://www.ismho.org/suggestions.asp> [accessed February 12, 2011].

- Kaplan, D. (2010, 2011). Interview with John Bloom and Christine Moll in *Counselling Today Online*, 10-01-06. Available at <http://ct.counseling.org> [accessed June 22, 2011].
- Kolmes, K. (2011). *Social Media Policy*. Available at <http://drkkolmes.com/for-clinicians/social-media-policy/> [accessed September 23, 2011].
- Malcoln, E. (2010). Review of *The Use of Technology in Mental Health: Applications, Ethics and Practice*. Available at <http://psychcentral.com/lib/2010/the-use-of-technology-in-mental-health-applications-ethics-and-practice/> [accessed September 1, 2010].
- Martin, S. (2010). Interview of Stephen Behnke, APA Ethics Director: The internet's ethical challenges. *Monitor on Psychology*, 47:10, pp. 32.
- National Board for Certified Counselors, Inc. (2007). *The Practice of Internet Counseling*. Available at <http://nbcc.org/Ethics> [accessed June 22, 2011].
- Saidman, L. (2011). An introduction to online counselling. *Insights into Clinical Counselling*, May 2011, pp. 6-7 and 27.
- Trolley, B. and Silliker, A. (2005). The use of webCT in the supervision of counseling interns. *Journal of Technology in Counseling*, 4:1.

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