EDUCATION INNOVATION SERVICE COMMUNITY

Telehealth 101

LoriAnn Sykes Stretch, PhD, LPCS, NCC, ACS

The Chicago School of Professional Psychology

- Department Chair for TCSPP–CMHC Online and National Counseling Curriculum Chair for The Chicago School Educational System
- Private Practice – Paragon Counseling, PLLC
- IRCEP, Managing Director
- Founder of TCSPP's Virtual Clinical Training Center
- Co-editor of *Technology in Mental Health: Applications in Practice, Supervision, and Training*
- Former Chair and Ethical Chair, NCBLPC
- Committee Chair, Jurisprudence Exam (2009)
- ACA Ethical Review Panel
- Board Certified – TeleMental Health Professional
- First LPCS in NC
- ACC, Board Trustee and CSJ, Social Justice Taskforce Co-Chair

Disclaimer: *Please note I do not represent the NCBLPC, ACA, NBCC, or any other professional association or regulatory board nor is any of the content of this presentation endorsed by any professional association or regulatory board . I am speaking as a counselor educator, supervisor, and practitioner.*

Susan J. Foster, PhD, LPC-S, NCC, ACS, BC-TMH

- LPC-S Louisiana working with trafficking, trauma, ecoanxiety, grief, and loss
- Director of Clinical Training and VCTC Co-director, CMHC Online at the Chicago School of Professional Psychology
- Current Association Leadership
  - SACES Webinar Co-chair
  - AHC InfoChange Committee Chair
- Certifications:
  - Approved Clinical Supervisor (ACS)
  - National Board Certified Counselor (NCC)
  - Board Certified- Telemental Health provider (BC-TMH)
- Roles
  - Counselor Educator – U.S. and Canada
  - Professional Advocate
  - Clinical Supervisor
  - Supervisor of Supervision

Rodney E. Harris, PHD, LCMHC-S, NCC, ACS, BC-TMH

- Co-Director of Virtual Clinical Training Center
- Core Faculty- TCSPP Clinical Mental Health (Online)
- Licensed Clinical Mental Health Counselor-Supervisor (NC)
- Licensed Professional Counselor Commonwealth of Virginia
- Lead Trainer, Licensed Clinical Mental Health Counselor Association of NC
- CARF Accreditation Surveyor (Behavioral Health)
- Certifications:
  - Approved Clinical Supervisor
  - Board Certified Coach
  - Board Certified Telemental Health Counselor
  - National Certified Counselor

Tiffany C. Rush-Wilson, Ph.D., LPCC-S, LP, CCC, BC-TMH, CEDS, ACS

- Associate Department Chair, CMHC-Online (TCSPP)
- Licensed Professional Clinical Counselor- Supervisor (LPCC-S, Ohio) and Licensed Psychologist (LP, Ohio)
- Certifications:
  - Canadian Certified Canadian Counsellor (CCC)
  - Approved Clinical Supervisor (ACS)
  - Certified Eating Disorder Specialist (CEDS)
  - Board Certified- Telemental Health provider (BC-TMH)
- Clinician in private practice
  - Physical (in person) and online offices
  - NFL team clinician
- Special Interest Group co-Chair for Transcultural Issues (the Academy for Eating Disorders)
- Reviewer: Journal of Black Studies; Journal of Social, Behavioral and Health Sciences

Need to take your program online… right now?

We can help!

Expedited Onboarding
Onboarding Fees Waived*

Reach out today!

info@tevera.com

"Setting up classes is so easy that I could teach my 10-year old to do it!"

- Nisha Warbington, Ph.D., LPC-S, NCC
Counseling Program Chair
The University of West Alabama

Internship and assessment management software for counselor education programs

Tevera

Manage practicums & internships online | Streamline communications | Help students stay on track

*for programs that sign on by the end of Spring semester 2020

Learning Objectives

1. Identify guidelines for screening and verifying clients and supervisees for tele-assisted services.
2. Explain informed consent, disclosure, and confidentiality related to tele-assisted clinical services.
3. Demonstrate how to create an effective technology-assisted relationship and set appropriate boundaries.
4. Identify the scope of practice specific to their profession and jurisdiction.
5. Examine standards of care and professionalism related to tele-assisted clinical services.
6. Outline procedures for securing documentation of tele-assisted clinical services.
7. Explore considerations for social media and website presence.
8. Utilize resources to stay current with this rapidly emerging modality.
9. Identify key technology requirements for tele-assisted clinical services.
10. Describe the selection, implementation, and evaluation of technology in the delivery of effective clinical services.
11. Analyze multicultural considerations of tele-assisted clinical services.
12. Discuss ethical and legal issues involved in tele-assisted clinical services.
13. Develop a transition plan from an on-ground delivery to an online delivery model.

Logistics

- Providing the best information we have
- Check and recheck information
- Information changing rapidly
- Invest in self-care

Distance Mental Health Services Defined

Telebehavioral Health History

- Carl Rogers – Father of Telebehavioral Health
- 1959 - Nebraska Psychiatric Institute, Cecil Wittson
- 1969 - Massachusetts General Hospital (MGH)
- 1990s – worldwide, prevalent in Australia, Germany, and UK
- 1993 – American Telemedicine Association created
- 1995 – Privatization of Internet
- 1996 - California's Telemedicine Development Act of 1996
- 2000s – efficacy studies
- Federal agencies that are leaders in telehealth
  - NASA
  - Veterans Administration

Telebehavioral Health

- Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health.
- California Telehealth Resource Center's Telehealth Glossary of Terms:
  - http://www.caltrc.org/knowledge-center/ctrc-publications/program-guides/telehealth-glossary/
- Key terms to understand
  - Telehealth or telebehavioral or tele-assisted health
  - Synchronous (real time) versus Asynchronous (store & forward)
  - Face-to-face or distance
  - Cloud computing
  - Encryption

NAADAC and NCC AP (2016):

"E-Therapy" and "E-Supervision" shall refer to the provision of services by an Addiction Professional using technology, electronic devices, and HIPAA-compliant resources.

- Electronic platforms shall include and are not limited to land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets.
- E-therapy and e-supervision shall include and are not limited to tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage.
- Providers and Clinical Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology and shall take steps to ensure that the provision of e-therapy and e-supervision is safe and as confidential as possible.

Sample State Definitions

California: Telemedicine means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient constitutes 'telemedicine'. . . 'interactive' means an audio, video, or data communication involving a real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information.

New York: Telepractice is defined as the provision of professional service over geographical distances by means of modern telecommunications technology (Duncan-Poitier, 1999).

North Carolina: 21 NCAC 53 .0212 FACE TO FACE SUPERVISON DEFINED - face-to-face clinical supervision means supervision that is live, interactive, and visual. Video supervision is permitted as long as the session is synchronous (real time) and involves verbal and visual interaction during the supervision as defined in Rule .0209 of this Section.

Developing a Plan

Task 1: Is your organization ready for a telehealth program? Complete the California Telemedicine and eHealth Center's Assessing Organizational Readiness.

Link: http://www.caltrc.org/wp-content/uploads/2013/10/08-1129-final_ctec_discovery_series.pdf

What about Supervision?

- Increasingly, professional boards are establishing ethical guidelines specific to technology-assisted clinical supervision
- Supervisor is the responsible party
- When in doubt, apply face-to-face guidelines
- Check your own state regulations – ex. North Carolina
- *Good supervision is dependent on the quality of the skills of the supervisor and should not be dependent upon simple proximity to the supervisee (Orr, 2010).*

"Whether they are aware of it or not, supervisors are constantly making ethical choices, many of which have legal ramifications as well. Like the counselors they supervise, they are vulnerable to comprising situations and to potential litigation, for both their own conduct and that of their supervisees" -Powell & Brodsky, 2004, p. 273

Telebehavioral Supervision

- *Tele-assisted supervision* is the practice of supervising behavioral health using a telecommunications system to provide clinical services, professional training, administrative and other services at *geographically separate sites*.
- Service can be delivered in "real time" using the telephone, interactive video conferencing, or through "store and forward" which relies on the transmission of images and data for review at later time.
- Tele-assisted supervision can also involve email, text messaging and a wide range of other software applications to facilitate access and data transfer. Devices can range from desktop computers on carts in hospital settings to smart devices such as tablets and smartphones.
- Tele-assisted supervision can also include storage services on the "cloud" and everything in between.

Developing a Plan

Task 2: What services will you be providing via an electronic modality, e.g., phone, fax, email, chat, video, etc.? For whom?

Ethics versus Law

- While ethical codes set general standards for professional excellence, laws are specific and address minimal standards of behavior (Bernard & Goodyear, 2004). Many states have laws that govern the delivery of tele-assisted counseling *and* supervision.
- Most often, ethics are developed and laws are passed in response to specific instances when those served by the profession have been harmed or endangered (Bernard & Goodyear, 2004).

Ethics	Laws
Professional Association	Government
Professional values	Societal rules
Violations -> sanctions, loss of credentials	Violations -> jail, fines, loss of license
Reactive and proactive	Reactive
Aspirational and Mandatory	Mandatory

- Complicated when ethics become law

Assumptions

- Ethical decision making is a continuous, active process.
- Ethical standards are not a cookbook. They tell you what to do, not always how.
- Each situation is unique.
- The most complex ethical issues arise in the context of two ethical behaviors that conflict
- Therapy is conducted by fallible beings; people make mistakes—hopefully, minor ones.
- Sometimes the answers to ethical and legal questions are elusive.

Powell & Brodsky, 2004

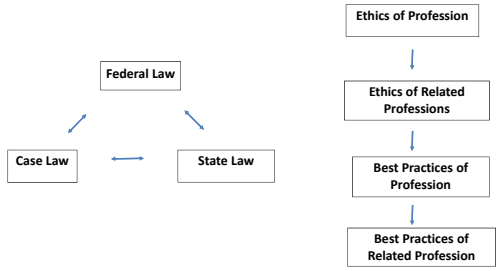
Key Current Ethical Codes

American Association for Marriage and Family Therapy. (AAMFT, 2015).	American Psychological Association (APA, 2010/2013/2017)
American Counseling Association. (ACA, 2014).	National Association of Social Workers (2017)
American Mental Health Counselors Association. (AMCHA, 2000)	NAADAC and NCC AP (2016)
Association of Social Work Boards (2014)	NBCC (2012)

Developing a Plan

Task 3: Identify a minimum of three ethical codes you will actively use to guide the development of your telebehavioral health practice.

Order of Authority



Current HHS Guidance in Telehealth

"HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency." https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

Caution: This does not remove state or ethical obligations.

Legal Guidelines

- HIPAA-compliant?
- HIPAA purpose - standard for protecting sensitive patient data
- *Any company* that deals with protected health information (PHI) must ensure that all the required physical, network, and process security measures are in place and followed.
- Rules apply to covered entities and business associates

What is PHI?

Protected health information (PHI) is

- any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment.
- 18 identifiers are protected

Source: http://cphs.berkeley.edu/hipaa/hipaa18.html

18 Identifiers of PHI

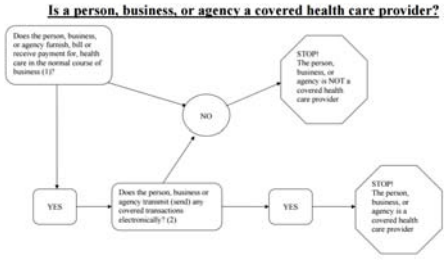
1. Names;
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes...;
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89...;
4. Phone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code

Source: http://cphs.berkeley.edu/hipaa/hipaa18.htm

Who is responsible for HIPAA/HITECH

- Covered Entity is
  - a health care provider that conducts certain standard administrative and financial transactions in electronic form;
  - a health care clearinghouse; or
  - a health plan.
- Stay current!
- Posted (minimal); Written acknowledgement (best practice)

Covered Entity



Source: https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/Downloads/CoveredEntitycharts.pdf

HIPAA/HITECH

Covered Entities' HIPAA Rights Notices must now include the following:

- A statement that uses and disclosures of a client/patient's private health information for marketing purposes, or as part of a sale of information, require the client/patient's authorization;
- A statement informing the client/patient of the right to opt out of receiving fundraising communications;
- A statement informing the client/patient of the right to restrict disclosure of their private health information to a health plan when the client/patient has paid out of pocket for the health service; and
- A statement informing the client/patient of the right to be notified if there has been a breach of their protected health information.

Strom, 2013

Business Associate

A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity

https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/Downloads/CoveredEntitycharts.pdf

Decision Tools

- http://www.unmc.edu/hipaa/forms/docs/wedi-ba-decision-tree-v2.pdf
- https://www.hollandhart.com/pdf/Business_Associate_Decision_Tree.pdf
- http://tinyurl.com/zlgfr6s

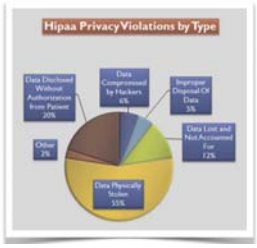
HIPAA Components

Source: Ostrowski, (2015, February); Retrieved from http://www.attcnetwork.org/userfiles/file/Handout_HIPAAHITECH%20compliance%202015.pdf

HIPAA-HITECH Roadmap

- Risk Analysis
- Create Policies
- Training & Documentation
- Security
- Evaluation

Types of Breaches



Source: Ostrowski, (2015, February); Retrieved from http://www.attcnetwork.org/userfiles/file/Handout_HIPAAHITECH%20compliance%202015.pdf

Solo Practitioners

For all covered entities, including solo-practitioners, the following HIPAA requirements must be met in order to be HIPAA compliant:

- Self-Audits – HIPAA requires you to conduct annual audits of your practice to assess Administrative, Technical, and Physical gaps in compliance with HIPAA Privacy and Security standards.
- Remediation Plans – Once you've identified gaps, you must implement remediation plans to reverse any potential HIPAA violations.
- Policies, Procedures, Employee Training – To avoid HIPAA violations in the future, you'll need to develop Policies and Procedures corresponding to HIPAA regulatory standards. Annual staff training on these Policies and Procedures is also required.
- Documentation – Your practice must document efforts you take to become HIPAA compliant. This documentation is critical during a HIPAA investigation with HHS.
- Business Associate Management – You must document all vendors with whom you share PHI, and execute Business Associate Agreements to ensure PHI is handled securely and mitigate liability.
- Incident Management – If your practice has a data breach, you must have a process to document the breach and notify patients that their data has been compromised.

https://telehealth.org/blog/hipaa-for-solo-practitioners/

Poll Question

Electronic security measures:

A. Are not important as long as you are using encrypted software

B. Should include passwords, firewalls, wiping software, virus/malware protection,

C. Not your responsibility as long as you have a BAA.

D. None of the above.

Developing a Plan

Task 4: Are you a Covered Entity? To find out, use the Centers for Medicare & Medicaid Services' Covered Entity Guidance tool.

Link: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/Downloads/CoveredEntitiesChart20160617.pdf

Task 5: If you are a Covered Entity, review the Office of the National Coordinator of Health IT's Guide to Privacy and Security of Electronic Health Information Version 2.0 (2015), be sure to complete the Seven-Step Approach for Implementing a Security Management Process (pp. 37 – 55).

Link: https://www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide.pdf

Task 6: Utilize the HHS Audit Protocol to ensure you have policies and procedures in place that fulfill the privacy, security, and breach notification requirements.

Link: https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/audit/protocol/index.html

Know your State Laws

- Center for Connected Health Policy
  - State by state listing
  - State laws and reimbursement policies
  - Source: https://www.cchpca.org/resources/search-telehealth-resources
- Epstein-Becker-Green Telemental Health Laws (Available from the Apple App Store and Google Play)
  - App format as of 2018! Hard copies from 2016 and 2017 still available.
  - Link: https://www.ebglaw.com/telemental-health-laws-app/
- Telehealth Certification Institute
  - Spreadsheet of rules, regulations, and ethics regarding telemental health services by state
  - Links to each state with excerpts of relevant rules, regulations, and ethics
  - Link: https://telementalhealthtraining.com/states-rules-and-regulations

Developing a Plan

Task 7: What are your state's or country's laws regarding telebehavioral health? Provide a list of laws that you need to consider as you develop your telebehavioral health practice.

BREAK TIME

Essential Features of Ethical and Legal Telehealth

Key Principles	
1. Appropriate Intake and Screening	8. Scope of Practice
2. Informed Consent	9.Documentation
3. Disclosures	10. Social Media/Website Presence
4. Counseling Relationship/Boundaries	11. Ongoing Training, Knowledge, and Supervision
5. Client Verification	12. Use of Current Technology
6. Confidentiality	13. Professionalism
7. Standards of Care	14. Multiculturalism

Stretch, in press

STANDARD 1: APPROPRIATE SCREENING AND INTAKE

Dr. LoriAnn Stretch

Screening Clients and Supervisees

- What are the individual's skills, knowledge, and typical interaction with distance modalities (phone, videoconference, email, online surveys, etc.)?
- How much experience does the individual have with relational communication at a distance?
- What, if any, previous mental health/supervision services has the individual had? What worked well? What did not work?
- How will culture and language impact the effectiveness of distance services?
- How easily does the individual become frustrated with technology?
- What resources could supplement distance services?
- How accessible is a secure network to the individual? Does the individual have the necessary and appropriate technology?

Developing a Plan

Task 8: Develop a screening tool that you can use to assess the client or supervisee fit for the modality. Does your state rules or profession's ethical code specify certain items be included in the screening?

Watch Here:

https://youtu.be/PH99usvWsOk

SCREENING ROLE PLAY

Drs. LoriAnn Stretch and Tiffany Rush-Wilson

STANDARD 2: DISCLOSURES

Dr. Rodney Harris

Disclosures

- Counselor informs client of counselor's credentials and what to expect
- Standard Disclosure Content for on-ground services

Name	Credentials	Education
Years of counseling experience	Description of clientele (populations) served	Description of services offered
Length of sessions	Fee schedule/Payment	Use of diagnosis
Confidentiality	Complaints	Supervisor

- Dynamic Document: Recording – mutual disclosure
- Sample LPC Disclosure Statement: http://www.ncblpc.org/Assets/Forms/PDS_Instructions_for_LPC.pdf

Disclosures – Telebehavioral Health Specific

- Verifying the identity of the client
- Determining if the client is a minor
- Explaining to the clients the procedures for contacting the counselor when he or she is off-line
- Discussing the possibility of technology failure and alternate means of communication if technology failure occurs
- Exploring how to cope with potential misunderstandings when visual cues do not exist
- Identifying an appropriately trained professional who can provide local assistance (including crisis intervention)
- Informing of the encryption methods used to help ensure the security of communications
- Making aware of the potential hazards of unsecured communication on the internet
- Disclosing whether session data is being preserved and if so, in what manner and for how long
- Explaining procedures that will be in place in receiving and releasing client information received through the internet and other electronic source

Sample Disclosures

- Sample LPC Disclosure Statement:
  - http://www.ncblpc.org/Assets/Forms/PDS_Instructions_for_LPC.pdf
- Telehealth Disclosure from NAADAC:
  - https://www.naadac.org/assets/2416/marlene_maheu_ac17ho2.pdf
- Insight Maryland
  - https://parma.trustinsurance.com/Resource-Center/Document-Library

Developing a Plan

Task 10: Utilize the checklist above to create a professional disclosure statement to provide to all clients before or during your initial session. If providing telesupervision, provide a professional disclosure statement specific to supervision.

STANDARD 3: INFORMED CONSENT

Dr. Susan Foster

Informed Consent

- Freedom to choose to enter or remain in professional relationship
- Received from client
- Ongoing process, not a single event
- Electronic signature technology, e.g., DocuSign and Echosign
- ALL events related to inform consent must be appropriately documented
- Improved with video + written disclosure
- Goal is to ensure that both the client and the counselor understand the nature of the relationship and the types of services that can be expected (ncblpc.org/Licensure/Current/PDS)
- The American Counseling Association's Code of Ethics (ACA, 2014) requires counselors to "review in writing and verbally with clients the rights and responsibilities of both the counselor and the client" (A.2.a. Informed Consent).

What is needed?

Nature of the Services Provided	
What is usual and customary pursuant to law and ethics	Emergency procedures when the counselor is not available
Distance counseling credentials	Time zone differences
Physical location of the practice	Cultural and language differences
Contact Information	Potential denial of insurance benefits
Risks and benefits of engaging in technology assisted services	Social media policies
Anticipated response times	Possibility of technological failure
Alternative methods of Service Delivery	

(ACA, 2014)

Developing a Plan

Task 9: How will informed consent be collected and stored?

Watch Here:

https://youtu.be/-HgiDJTyUaM

ROLE PLAY

Drs. Rodney Harris and Susan Foster

Poll Question

In creating distance relationships, who is responsible for setting appropriate boundaries:

A. Client

B. Clinician

C. Both the clinician and client

D. None of the above

STANDARD 4: COUNSELING RELATIONSHIP/BOUNDARIES

Dr. Tiffany Rush-Wilson

Boundaries

- Proactive versus reactive
- Electronic media may blur the boundaries of the relationship and heighten the potential for boundary violations.
- Separate personal and professional social media accounts.
- Avoid interacting with clients or their families online through personal social networking sites.
- Ignore or decline requests to connect from current or past clients through a personal social media account.
- The practitioner has responsibility to maintain appropriate boundaries, not the client.

Distance Supervision Relationship

- Provide clear and consistent guidelines and expectations
- Build in time to deal with technological issues and plan for sessions
- Develop a written contract, with clear guidelines regarding the use of technology
- Identify how work will be evaluated (supervisee and supervisor)
- Meet in person before via technology if possible and occasionally throughout supervisory relationship

NFAR-ATTC, 2014; Powell & Brodsky, 2004; Stretch, Nagel, & Anthony, 2011

Developing a Plan

Task 11: Review Dr. Keely Kolmes' Social Media Policy and create a separate social media policy that is disclosed and signed by the clinician and client in the initial session.

Link: http://www.drkkolmes.com/docs/socmed.pdf

Watch Here:

https://youtu.be/c54aiObReoA

ROLE PLAY

Drs. Tiffany Rush-Wilson and LoriAnn Stretch

Poll Question

Clinicians must verify the identity of their clients

A. At the intake

B. Every session

C. In text messages

D. All the above

STANDARD 5: CLIENT VERIFICATION

Dr. Susan Foster

Rationale

- You must know the age of the client to determine if the client is a minor or an adult. The person receiving technology assisted services must be legally able to provide consent or a legal guardian must consent to the care. In some states, a legal guardian must remain present in the telehealth session throughout the session.
- You need to know who your client is and where they are in case of emergency. All states require clinicians alert the appropriate authorities in case of an emergency.
- You must determine where the client is because you must be licensed in the state with jurisdiction. Some states bae jurisdiction on location, others on residency.

Procedure

- Develop and review written procedures for verifying the identity of the client or supervisee during each contact.
- Use a code name or password to verify identities and protection of confidential information.
- Passwords or codes will be generated using a password protocol thereby reducing the opportunities for being compromised.
- Supervisors will ensure that supervisees utilize identity verification methods with clients receiving distance services.
- Use secure portals.

Stretch, Nagel, & Anthony, 2013

Watch Here:

https://youtu.be/Oc9uIRIMHZw

ROLE PLAY

Drs. Rodney Harris and Susan Foster

Developing a Plan

Task 12: Develop and review written procedures for verifying the identity of the client/supervisee during each contact. How will verification be documented?

Poll Question

True or False

Even if the practitioner and client have an established in-person relationship, the practitioner should review the limits of confidentiality when using technology-assisted services.

STANDARD 6: CONFIDENTIALITY

Dr. Susan Foster

Confidentiality

- Ethical and legal obligation to protect client privacy and confidentiality in all environments (current and future confidentiality)
- Identifiable personal health information
- Electronic Security measures
    - Reasonable
    - Passwords, firewalls, wiping software, encryption
- Confidentiality is an ongoing process that requires constant updating and due diligence

Developing a Plan

Task 13: Develop a written protocol regarding confidentiality. Establish process for re-reviewing confidentiality throughout counseling or supervision relationship.

Poll Question

True or False

Clinicians must provide accessibility services to persons with disabilities.

STANDARD 7: STANDARDS OF CARE

Dr. Rodney Harris

Five Reasons for Telebehavioral Health

- Mental health is a minimal contact healthcare.
- Growing number of payers reimbursing for telebehavioral health
- Reduces stigma of being seen at mental health provider's office.
- Incentives for innovative solutions to mental health provider shortage.
- Consistently, patients/clients view telebehavioral health as credible and effective – no documented difference in patient/client satisfaction
- Source: http://www.ebglaw.com/telemental-telebehavioral-health/

Research

- Agency for Healthcare Research and Quality (2016). Telehealth: Mapping the evidence for patient outcomes form systematic reviews [Technical brief #26]
  - Psychotherapy found to have sufficient evidence to report benefit or potential benefit
- Research tries to approximate "traditional" approaches to counseling and supervision
- What if the "old methods are best" assumption is wrong? (Rousmaniere, 2014)

The modality of delivery should not limit your creativity or inhibit your theoretical implementation.
- LA Stretch

Best Practices

- Factor in time to work out technical glitches
- Consistent technical framework
- Training for new technologies
- Assessment of readiness for technology assisted counseling or supervision
- Consideration of learning styles, cultural, and individual differences
- Legal and ethical requirements understood
- Clear guidelines on synchronous and asynchronous communication
- Ongoing evaluation of appropriateness of modality
- Secure transmission of information
- Continuous self-evaluation of process
- Unsecure email, chat, or text messages to exchange protected health information
- Advice from other practitioners who are not HIPAA compliance resource experts
- Any technology without client or supervisee consent
- Accessibility services

Hurley & Hadden, 2009; McAdams & Wyatt, 2010; NFAR-ATTC, 2014

Supervision Specific

- NBCC (2012)
  - All electronic communication with supervisee is part of the record
  - All electronic communication shall use encryption and password security
- NASW (2008)
  - Adhere to state regulations, especially if supervision related to licensure
  - Apply standards relating to face-to-face clinical supervision
  - Be competent in technologies used
  - Supervisor share responsibilities for services provided by supervisee

Supervision Specific

ACA (2014)

- When using technology in supervision, counselor supervisors are competent in the use of those technologies.
- Supervisors take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

AAMFT (2015)

- Determine which technology serves supervisee best
- Discuss risks of supervision via technology
- Use secure methods
- Ensure supervisee is trained to use technology
- Review and document informed consent (all levels)
- Practice within scope of practice (legal jurisdiction)
- Ensure privacy and security

Poll Question

Clinicians must verify their client's residency for all of the following reasons, except:

A. To act in case of emergency

B. Jurisdictional guidelines and requirements

C. To ensure parents are present when seeing a minor.

D. All of the above

Poll Question

Practitioners:

A. Can always practice across state lines of they are nationally board certified in telemental health.

B. Must adhere to their state requirements regarding scope of practices as it relates to using technology assisted services.

C. Can be prohibited even if you have national board certification in telemental health.

D. Both B and C

STANDARD 8: SCOPE OF PRACTICE

Dr. Tiffany Rush-Wilson

Practicing across State Lines

- Best practice – practice where licensed
- Know the facts!
- Better to ask for permission, than forgiveness.
- Where is the client?
- What is residency?
- Limitations of liability insurance

- Information resources
  - State associations
  - Center for Connected Health Policy
  - Epstein Becker Green's Telemental Laws App
  - Telehealth Certification Institute

Center for Connected Health Policy

http://cchpca.org/state-laws-and-reimbursement-policies

Epstein Becker Green Telehealth Survey

- An extensive compilation of research regarding the laws, regulations, and regulatory policies impacting the practice of telemental health in all 50 states and the District of Columbia
- Summarizes relevant state laws, regulations, and regulatory policies related to such issues as a provider's prescribing authority, the establishment of a provider-patient relationship, and the acceptable modalities for the provision of telemental health services that meet the applicable standards of care.
- 2016 Survey: http://www.epsteinbeckergreen.net/Telemental/EPSTEIN-BECKER-GREEN-50-STATE-TELEMENTAL-HEALTH-SURVEY.pdf
- 2017 Addendum: https://www.ebglaw.com/content/uploads/2017/10/EPSTEIN-BECKER-GREEN-2017-APPENDIX-50-STATE-TELEMENTAL-HEALTH-SURVEY.pdf
- 2018 APP: Telemental Laws ; 2019 app released in November 2019.

Telehealth Certification Institute

- State Rules and Regulations
- Most states require:
  - Obtaining an adequate informed consent including such items as: the risks and benefits; the clinician's license information; backup plans; how to contact the clinician; an emergency management plan; and the process of receiving services.
  - Verifying the client's identity.
  - Assessing for fit.
  - Protect confidentiality by using secure means of communication.
  - Be licensed by or approved by the licensing board of the state in which the client is physically located during the time of the session.
- Source: https://telementalhealthtraining.com/states-rules-and-regulations

Supervision - Know the Facts

- Are there limits to the number of hours of distance supervision that can count toward licensure?
- What jurisdiction has legal accountability for supervision that crosses state/country lines?
- Are there specific informed consent requirements?
- Are there any regulations regarding reimbursement of distance supervision?
- What constitutes acceptable distance supervision?
- Is distance supervision covered by liability insurance?

NFAR-ATTC, 2014

Developing a Plan

Task 14: Contact your professional liability insurance carrier. Are you covered for all the roles in which you engage: counseling, teaching, supervision, consultant, etc.? Know your policy and what is and is not covered. Check coverage every time you renew.

BREAK TIME

Poll Question

Guidelines for documentation does not include which of the following:

A. Documentation of disclosure, informed consent, and consultations

B. Storage and data destruction not disclosed to the client.

C. Documentation of all electronic communication.

D. Utilizing screen sharing instead of file storing.

STANDARD 9: DOCUMENTATION

Dr. LoriAnn Stretch

Guidelines

- Document disclosure, informed consent, and consultations
- Plan for storage and destruction of data (disclosed and agreed to by client)
- File sharing site that is secure, encrypted, and password protected
- All electronic communication with client or supervisee is part of the record
- Utilize screen sharing instead of file storing!

Electronic Health Records

Primary resource – Tame Your Practice

- Free mini guide to choosing an EHR
- EHR Reviews
  - https://www.tameyourpractice.com/blog/cloud-practice-management-system-reviews/
  - Summary - Pros, Cons, Who is it good for, Standout features
  - Review
  - Consultation available

- CPT codes that can be billed for psychotherapy conducted via video conferencing are:
  - 90832 psychotherapy, 30 minutes with patient.
  - 90834 psychotherapy, 45 minutes with patient.
  - 90837 psychotherapy, 60 minutes with patient.
  - 90845 psychoanalysis.
  - 90846 family psychotherapy (without the patient present), 50 minutes.
  - 90847 family psychotherapy (with the patient present), 50 minutes 90863
- Insurance companies want the "95" modifier or the "GT" modifier
- When billing for telemental health, the place of service POS should be 02

Source: https://telementalhealthtraining.com/cpt-codes-for-telemental-health
Good resource blog: Telemedicine billing: Must know CPT codes and GT modifiers (Gibson, June 2017)

Poll Question

The clinician should disclose all of the following on a professional website, except:

A. How long has the practitioner be practicing

B. License and certification

C. Contact information for their license and certification boards

D. Contact information for the clinician

STANDARD 10: SOCIAL MEDIA/WEBSITE PRESENCE

Dr. Susan Foster

Conflicts in Ethical Codes

- American Counseling Association (ACA, 2014)
  - Respect the privacy of their clients' presence on social media unless given consent to view such information (Standard H.6.c.)
- American Mental Health Counselors Association (AMCHA, 2015)
  - Only seek information about their clients through internet searches for the purpose of determining their own or their client's health and safety (Principle 6.h.iv.)
- Association of Social Work Boards (ASWB, 2015)
  - Obtain client consent when using electronic search engines to gather information about the client, with the exception of emergency circumstances when such search may provide information to help protect the client or other parties who may be at risk (Standard 3.04).

Social Media

- A process, not an event
- Clear boundaries
- Written and verbal policies
- Counselor has responsibility to educate client on how to protect client's present and future self
- Excellent Social Media Policy: http://www.drkkolmes.com/docs/socmed.pdf

Can your clients readily view your personal social media?

What clients may see:

https://www.martinwoods.me.uk/wp-content/uploads/2013/02/social-profile-checking-tool-v1.01.xlsx

Develop a Plan

Task 15: Develop a social media plan. Be intentional about how you protect client confidentiality.

Poll Question

In terms of professional readiness, training, and evaluation, practitioners who use technology-assisted supervision must:

A. Demonstrate competency in the use and delivery of technology-assisted services prior to use only.

B. Be responsible for yearly monitoring of skills.

C. Objectively assess skills and ease of use and delivery of use of technology-assisted services throughout their use of this modality.

D. All of the above

Poll Question

True or False

Clinicians and agencies should have a solid plan for the use of and delivery of technology-assisted services prior to use.

STANDARD 11: USE OF CURRENT TECHNOLOGY

Dr. Rodney Harris

Becoming a critical consumer

Telehealth Resource Centers

- https://www.telehealthresourcecenter.org/

Northwest Regional Telehealth Resource Center

- Telehealth Topics: https://www.nrtrc.org/telehealth-topics
- Learning Curve: https://vimeo.com/76724516
- Internet: https://vimeo.com/76724516
- Telehealth Marketing: https://www.nrtrc.org/content/article-files/Telehealth-Marketing-101-Presentation.pdf

Encryption

- Process of protecting information as it moves from one computer to another
- Encoded and decoded with a secret key128-bit AES encryption
- Best Practice 256-bit

APPS

- Until apps are regulated, therapists should treat apps like they would a self-help book and ensure that the materials are sound and appropriate to the client.
- Source: https://www.telementalhealthcomparisons.com/apps

Technology 101

Key resources for identifying technology

- TeleBehavioral Health Institute:
  - http://telehealth.org/# - Click on Resources tab
  - Cloud Storage, Email, Texting, Videoconferencing
- Tame Your Practice
  - https://tameyourpractice.com/
  - Cloud Practice Management Systems EHR/EMR
- Person-Centered Tech: https://personcenteredtech.com/
- Behavioral Health Innovations: https://telementalhealthcomparisons.com/

Sample Technologies – not endorsements!

Videoconferencing
- Doxy.me
- Zoom and VSee
- Skype vs. Skype Business

Client Portals
- Inpathy
- Breakthrough
- CounSol
- Tao Connect

Websites
- TherapySites – website templates
- Psychology Today – directory

Tools
- Office 365

Encrypted Email
- Hush Mail
- Outlook
- EmailPros

Key Question: Will the company sign a Business Associate Agreement?

Poll Question

True or False

As a function of professionalism, the practitioner use an ethical decision model to resolve ethical issues that arise when using technology-assisted services.

STANDARD 12: PROFESSIONALISM

Dr. Tiffany Rush-Wilson

One Professional Association Addresses Professionalism

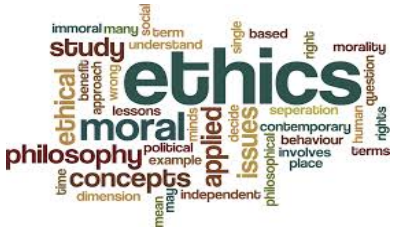
- Association of Social Work Boards (ASWB, 2014)
  - Communication with other professionals
  - Private is private
  - Correct inaccurate or offensive information
  - Give credit where credit is due
  - Take action to stop unethical behavior

Professionalism

- Respect colleagues
- Verify information is true
- Represent accurately and fairly the qualifications, views, and obligations of colleagues
- Provide clear guidance on professional expectations for students and supervisees
- Promote academic standards
- Private is private
- Correct inaccurate or offensive information
- Give credit where credit is due
- Take action to stop unethical behavior

ASWB, 2015; NASW, 2017

Ethical Decision Making



The Process of Ethics

Counselors acknowledge that resolving ethical issues is a ***process***; ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards….

Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors work collaboratively with clients/supervisees to make decisions that promote growth and development.

How to Perform Ethical Decision Making

Recognize the ethical issues by asking whether there is potentially something harmful personally, professionally, or clinically.

- In what way might this go beyond a personal issue to the agency and/or the profession?

Get the facts.

What are the relevant facts?

- What facts are unknown at this time?
- Who has a stake in the decision making?
- What are the options for action?
- Have all of the affected parties been consulted?

Evaluate alternative actions through an ethics lens.

- Which options will produce the most good and least harm?
- What action most respects the rights of all parties?
- What action treats everyone fairly?

See Legal and Ethical Decision Tree (CSAT, 2009)

ACA Ethical Decision Making

I.1.b. Ethical Decision Making

When counselors are faced with an ethical dilemma, they use and document, as appropriate, an ethical decision making model that may include, but is not limited to, consultation; consideration of relevant ethical standards, principles, and laws; generation of potential courses of action; deliberation of risks and benefits; and selection of an objective decision based on the circumstances and welfare of all involved.

ACA, 2014

Welfel (2012)

Step 1: Be sensitive to the moral dimensions of counseling
Step 2: Define dilemmas and options
Step 3: Define the central issues and options.
Step 4: Refer to the professional standards (e.g., ACA, ASCA, NBCC, etc.) and examine relevant laws and regulations.
Step 5: Search out ethical scholarship
Step 6: Consult with supervisors and colleagues.
Step 7: Deliberate and decide
Step 8: Inform supervisor and document
Step 9: Reflect on experience.

Additional Ethical Decision Making Models

Porter and Gallon (2009)	Durham (2006)
▪ Identify the problem ▪ Identify the potential issues involved. ▪ Review relevant ethical guidelines. ▪ Obtain consultation from a colleague or supervisor. ▪ Consider possible courses of action. ▪ Enumerate the consequences. ▪ Decide on best course of action.	▪ Whose interests are involved? ▪ Who can be harmed? ▪ What universal values apply? ▪ Are there values in conflict? ▪ What ethical or legal standards apply?

Supervisor Responsibilities

The supervisor will need to

- Review relevant ethical codes
- Know applicable laws and regulations
- Identify critical issues
- Consider probable courses of action
- Enumerate consequences of action
- Observe counselor performance
- Ask about ethical issues as a regular topic at supervision
- Document, document, document
- Consult with colleagues – often
- Seek legal counsel when necessary

Develop a Plan

Task 16: What ethical decision-making model will you use? Create a template for documentation of ethical dilemmas and the steps you will take to process and document your ethical decision-making process.

BREAK TIME

KAHOOT!

Poll Question

Key resources in identifying appropriate use of technology include all of the following except:

A. Telebehavioral Health Institute

B. Tame Your Practice

C. Person-centered Tech

D. All of the Above

STANDARD 13: ONGOING TRAINING, KNOWLEDGE, AND SUPERVISION

Dr. LoriAnn Stretch and Susan Foster

EXERCISE: WHAT DO YOU KNOW? A CHECKLIST OF DISTANCE SERVICES COMPETENCE

Competence Defined

- According to Bernard and Goodyear (2014), "the issue of competence is one of the most central questions in the process of clinical supervision" (p. 63).
- Clinical supervisors need to assess and develop supervisee's abilities and competence (both clinical and supervisory).
- Competence is a fundamental and core responsibility of clinical supervision.
- Ultimately, monitoring and ensuring competence ensures quality treatment for your clients.
- Utilize training and consultation to remain competent for both therapy and supervision development (regardless of level of experience).
- Competence is an ongoing process.

Professional Development Planning

- Specifically identifies any performance concerns and the activities designed to improve performance.
- Specifies timelines for achieving benchmarks leading to improved performance.
- Includes follow-up observation to assure the counselor's performance has improved because of the defined activities.
- Requires review and modification (like a treatment plan) to address progress and current needs.

Personal Development Planning

- Identify four areas of competence that you would like to enhance.
- Create SMART (specific, measurable, attainable, realistic, and timely) goals for each. Establish a timeline for each goal.
- What resources do you need to successfully complete each goal?
- What obstacles have you encountered in the past? And what can you do differently to avoid the same obstacles?
- How will you hold yourself accountable for your plan?

Training and Knowledge Resources

- Addiction Technology Transfer Center Network: https://attcnetwork.org/
- American Telemedicine Association: https://www.americantelemed.org/
- Board Certified-TeleMental Health Provider: https://www.cce-global.org/Credentialing/BCTMH
- SAMHSA-HRSA Center for Integrated Health Solutions: https://www.integration.samhsa.gov/operations-administration/telebehavioral-health - great list of other resources!
- Tame Your Practice: https://tameyourpractice.com/
- TeleBehavioral Health Institute: http://telehealth.org/
- Telehealth Certification Institute: https://telementalhealthtraining.com
- The Online Therapy Institute: http://onlinetherapyinstitute.com/
- Zur Institute: http://www.zurinstitute.com/

Supervision Specific Training and Knowledge Resources

- Abbass, A., Arthey, S., Elliott, J., Fedak, T., Nowoweiski, D., Markovski, J., & Nowoweiski, S. (2011). Web-conference supervision for advanced psychotherapy training: A practical guide. *Psychotherapy, 48*(2), 109–118. https://doi.org/10.1037/a0022427
- *Clinical supervision and professional development of the substance abuse counselor*. Treatment Improvement Protocol (TIP) Series 52 (CSAT, 2009): http://www.ncbi.nlm.nih.gov/books/NBK64845
- Goodyear, R. K., & Rousmaniere, T. (2019). Introduction: Computer and internet-based technologies for psychotherapy, supervision, and supervision-of-supervision. *Journal of clinical psychology*. *5*(2), 243–246. https://doi.org/10.1002/jclp.22717
- Rousmaniere, T., & Renfro-Michel, E. (2016). Using technology to enhance clinical supervision. ACA.
- Stokes, A. (2018). *Online Supervision*. London: Routledge
- Stretch, L.S., Nagel, D.M. & Anthony, K. (2012). Ethical Framework for the Use of Technology in Supervision. *Therapeutic Innovations in Light of Technology,* 3(2), 37-45.
- TeleSupervision: Finding the Right Fit and How It Works – Ruby Blow via the TeleBehavioral Health Institute

Free Telehealth Trainings

- Online Play Therapy
  - https://abundancepracticebuilding.com/category/podcast/
- Transitioning to Telehealth - Roy Huggins, Facebook Live
  - https://www.facebook.com/personcenteredtech/videos/345152387819610 2/UzpfSTU3NzAxNjEwNjox MDE1NzUzMTMwNTYyMTEwNw/
- SimplePractice Learning
  - Legal and Ethical Issues of Telehealth on-demand: https://ter.li/ydxf7i
- PESI – Telehealth for Mental Health Professionals with Joni Gilbertson
  - 12 hour-ish training on telehealth services
  - Usually costs around $430.00, but is FREE right now
  - Coupon code: TELEFREE
  - https://catalog.pesi.com/item/52191/?utm_source=featuredad&utm_medium=banner&utm_campaign=BH_telehealth_PO5055645&fbclid=IwAR1kEXTqGy1vcYYhgH_NX7hJugQlvYKX9EyUBNkscIntj1c9PbXYUz-RhcY

Podcasts- a new way to learn, earn CEs, field updates

- The Thoughtful Counselor- https://thethoughtfulcounselor.com/
- Counseling Tutor- https://player.fm/series/counselling-tutor-1717611
- Counseling Toolbox podcast- https://www.allceus.com/counselortoolbox/
- Dr. Hudson's Counseling Corner (school counseling) https://player.fm/series/dr-hudsons-counseling-corner
- Hidden Brain- https://www.google.com/search?client=firefox-b-d&q=Hidden+brain+podcast
- All in the Mind- https://www.abc.net.au/radionational/programs/allinthemind/
- The Social Work Podcast- http://socialworkpodcast.blogspot.com/
- Pod Save the People https://podcasts.apple.com/ca/podcast/pod-save-the-people/id1230148653
- The Mental Illness Happy Hour https://mentalpod.com/episodes
- Team Human- https://teamhuman.fm/

Poll Question

Which of the following is not a multicultural consideration when using technology-assisted services?

A. Does the practitioner have a LinkedIn account?

B. Does the client have access to quality of internet?

C. Who should be involved in the counseling process?

D. Does the client have access to a confidential location?

STANDARD 14: MULTICULTURALISM

Multiculturalism Critical

- Culturally competent care
- Language access services
- Client preferences and capabilities
  - Diversity considerations of age, cohort, culture, etc.
- Respect for client autonomy

Luxton, Pruiit, & Osenbach, 2014; Tirado, 2011

Multiculturalism Considerations

- How will culture and language affect the effectiveness of services?
- What is the client's cultural identity?
- What is the client's knowledge and comfort with technology?
- Does the client have access to quality of internet?
- Who should be involved in the counseling process?
- Does the client have access to a confidential location?
- Are there religious or spiritual considerations?
- What is culturally appropriate care?
- What assessments can be used with the client?

Culture and Language

- Can be barriers to appropriate mental healthcare
  - Cannot be separated from other related influential variables:
    - Poverty
    - Geography
  - Yellowlees, Marks, Hilty, and Shore (2008)
- Telehealth Study in Canada
  - Northern Indigenous Communities
  - Advocacy for both practitioners
  - Establishment of Canadian Telehealth Association similar to the American Telehealth Association and providing technological resources to potential clients with clinicians who practice cultural humility
  - Graham (2016) and Province of Saskatchewan (2017)

Culture and Language

- Mobile health service access and the physician's duty of care
  - Affordability of and reimbursement for health related services via mobile phone
  - Protocols for mobile health enabled patient health data collection and distribution
  - Cultural and linguistic appropriateness of health related messages delivered via cell phone.
  - Tirado (2011)
- Diverse populations also include incarcerated individuals.
  - Telepsychiatry in Correctional Facilities: Using Technology to Improve Access and Decrease Costs of Mental Health Care in Underserved Populations
  - Telepsychiatry provided improved access to mental health services for inmates,
  - Increase in access is through the continuum of mental health care,
  - Instrumental in increasing quality of care for inmates.
  - Use of telepsychiatry saved correctional facilities from $12,000 to more than $1 million.
  - Deslich, Thistlethwaithe, and Coutasse (2013)

CASE STUDIES

Case of S.

S. has been in counseling for seven months. S. initially sought counseling to manage the response to leaving in a relationship fraught with interpersonal violence that was limiting and restricting physically and emotionally. S.'s ex-partner believed the abusive treatment was a dictate of their culture and relationship roles. Since leaving, S. now enjoys leaving the house at will and likes coming to the counseling office. S.'s symptoms of depression and anxiety have decreased significantly since beginning counseling. S. contacts you, the clinician because S. wants to continue counseling, the emphasis on COVID-19/ Coronavirus in the media has piqued S's feelings of anxiety once again and reminds S. of the restriction the former partner had over S.'s physical freedom, choices and daily life. S. wants to come in and see ONLY you….but your office has converted to online counseling due to the pandemic. S. tells you that you need to "do something" because " I needs you". How do you proceed?

QUESTIONS AND ANSWERS

References

- American Counseling Association. (2014). 2014 ACA Code of Ethics. Retrieved from http://www.counseling.org/knowledge-center/ethics
- American Mental Health Counselors Association. (2015). AMCHA code of ethics. American Mental Health Counselors Association. Retrieved from http://connections.amhca.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=d4e10fcb-2f3c-c701-aa1d-5d0f53b88bc14
- Association of Social Work Boards (2015). Model regulatory standards for technology and social work practice. Retrieved https://www.aswb.org/wp-content/uploads/2015/03/ASWB-Model-Regulatory-Standards-for-Technology-and-Social-Work-Practice.pdf
- American Telemedicine Association. (2009). Practice guidelines for videoconferencing-based telemental health. Retrieved http://www.americantelemed.org/docs/default-source/standards/practice-guidelines-for-videoconferencing-based-telemental-health.pdf?sfvrsn=6
- Bernard, J.M., & Goodyear, R.K. (2004). Fundamentals of clinical supervision. Boston: Pearson Education.
- Goss, S., Anthony, K., Stretch, L.S., & Nagel, D.M. (2016). Technology in mental health: Applications in practice, supervision, and training (2nd ed.). Springfield, IL: CC Thomas.
- Hurley, G., & Hadden, K. (2009). Online video supervision: A case study. Retrieved from The National Registry of hHealth Service Providers in Psychology.
- Kolmes, K. (2014). Private practice social media policy. Retrieved from http://www.drkkolmes.com/docs/socmed.pdf
- Luxton, D.D., Pruitt, L.D., & Osenbach, J.E. (2014). Best practices for remote psychological assessment via telehealth technologies. *Professional Psychology: Research and Practice,* 45(1) 27-35. doi 10.1037/a0034547

References

- McAdams III, C.R., & Wyatt, K. (2010). The regulation of technology-assisted distance counseling and supervision in the United States: An analysis of current extent, trends, and implications. *Counselor Education & Supervision, 49*(3), 179-192. Retrieved from EBSCOhost.
- National Association of Social Workers. (2017). NASW, ASWB, CSWE, & CSWA standards for technology in social work practice. Retrieved from https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf
- National Frontier and Rural – Addiction Technology Transfer Center Network (NFAR-ATTC, 2014). Technology-based clinical supervision: Extending the reach of clinical supervisors curriculum. Retrieved from http://nattc.org/national-focus-areas/content.aspx?rc=frontierrural&content=CUSTOM1SUB3
- Orr, P.P. (2010). Distance supervision: Research, findings, and considerations for art therapy. *The Arts in Psychotherapy, 37*, 106–111.
- Powell, D.J., & Brodsky, A. (2004). Clinical supervision in alcohol and drug abuse counseling: Principles, models, methods (Rev ed). San Francisco: Jossey-Bass.
- Rousmaniere, T. (2014). Using technology to enhance clinical supervision and training. *Wiley-Blackwell International Handbook of Clinical Supervision*. Hoboken, NJ: Wiley Publishers.
- Stretch, L.S., Nagel, D.M. & Anthony, K. (2012). Ethical Framework for the Use of Technology in Supervision. Therapeutic Innovations in Light of Technology. Vol. 3 (2). 37-45. Retrieved from http://issuu.com/onlinetherapyinstitute/docs/tiltissue13/37
- Tirado M. (2011). Role of mobile health in the care of culturally and linguistically diverse US populations. *Perspectives in health information management, 8*(Winter), 1e.