Health Management & Policy: 
Ethical Usage of Technology in Mental Health

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ABSTRACT

The more common form of mental health delivery has been traditionally face-to-face interaction between the client and the clinician. Considering the hectic lifestyle and an increasing demand to meet client needs, therapy at a distance or online counseling has become more widespread across the mental health profession. Using distance counseling therapy as a medium when counseling individuals or when being counseled has become a more widely used direct mental health service. With more individuals having access to the Internet, distance counseling’s prevalence in the mental health field is on the rise. However, with this increase of usage and the vast population the Internet serves, are ethical guidelines distance counselors follow the same as traditional, face to face counselors. The purpose of this research is to contextually examine current literature related to the ethical guidelines distance counselors abide when providing mental health services. This conceptual research focuses upon the ethical use and implementation of technology in the mental health field examining current health management and policy measures. The author explores the use and potential of distance counseling technologies in the mental health field. A discussion regarding the findings of this research and implications are indicated.

Keywords: Distance Counseling, Mental Health Technology, Ethics, Health Management

INTRODUCTION

The introduction of computer technology in the mental health field, specifically the clinical mental health counseling field, began in the 1960s with a computer program called “Eliza” (Binik, Cantor, Ochs, & Meana, 1997; Patterson, 1974). It was a software program acting as a person-centered counselor and would respond to the clients’ statements by choosing among the various responses that it had stored in its memory (Sekerler, 2008). This primitive program did not gain very much commercial or practical usage.

Today’s usage of technology in the counseling profession has become refined since the introduction of Eliza. Distance Counseling, according to the National Board of Certified Counselors (NBCC), is an asynchronous and synchronous distance interaction among clinically licensed counselors and clients using electronic mail (e-mail), virtual chat, and videoconferencing features of the Internet to communicate (NBCC, 2016). Policy Regarding the Provision of Distance Professional Services as published by the NBCC (2016), describes the implementation of distance counseling by appropriately licensed clinicians may be delivered in the form of internet-based counseling such as, e-therapy, cyber-therapy, and any other form that denotes the usage of the internet in order to access counseling services. This modality of counseling has changed counseling accessibility, assumptions from society, and societal norms. It allows individuals who may have rarely or never sought counseling to seek professional mental health services in the comfort of their own home for a variety of reasons. This simple realization perhaps has allowed society to broaden their mental health accessibility (Reynolds Jr, Stiles, & Grohol, 2006). Important to
note however, a greater implication may result as this also may hinder some individuals in accordance with their interaction among society.

With the vast technological advancement achieved and successfully established since the 1960s, the debate on the use of computer technology in counseling has been growing; adding to the ongoing debate are the ethical standards of distance counseling. Bloom (1998) asserts that just the term ethics gets strong reactions from the members of the counseling profession. Additionally, ethical code is seen as a gray area for clinicians; not yet law, however if not followed legal ramifications may be applied in terms of licensure. Counselors and counselor educators alike present mixed attitudes with regard to the modality (Skinner & Latchford, 2006; Mallen, Vogel, & Rochlen, 2005). Despite the growing interest on the topic, the number of empirical studies is insufficient within counseling literature. The current research aims to add to the dearth of literature by exploring meaningful empirical and contextual data related to the ethical usage of technology in clinical mental health counseling in accordance with current established policy within the field.

DISTANCE COUNSELOR CERTIFICATION & TRAINING

There is a limited amount of the empirical research regarding the preparation and practice of distance counselors, however the certification and training of distance counselors is well established by accrediting boards such as the NBCC. In terms of certification, traditionally distance counselors are trained through the Center for Credentialing and Education (CCE) seeking to earn a Distance Counselor Credential (DCC) (Flores & Maynard, 2014). Currently this opportunity is available after an individual becomes licensed as a clinical counselor within their respective state in the United States (US). Due to distance counseling being rather new, the credential is rather novice itself. Distance counseling is steadily growing, offering opportunities for future counselors and clients. However in order for distance counseling to be effective, we need to conduct the necessary steps at the teaching level. Perhaps this will ensure distance counseling a safe and beneficial experience for those utilizing this modality.

In terms of training, a master’s degree is a prerequisite for becoming a licensed counselor in most all states in the US. An accredited master’s degree in counseling prepares and trains students for clinical licensure. There are limited training opportunities in relation to using computer-mediated technology in counselor training (Evans, 2009). The Association for Counselor Education and Supervision (ACES) Technology Interest Network (2007) developed technical competencies for instructional programs in counselor education and recommended specific guidelines for program development infusing distance counseling training and skills. These guidelines provide an outline for counselor education faculty when incorporating technology into their programs. Competencies are suggested for masters and doctoral level programs. In accordance, there are a number of formats and several modes of distance clinical supervision used by counselor educators, including email, computer based teleconferencing, electronic mailing lists, chat rooms, and computer-assisted live supervision, and Skype (Harvey & Carlson, 2003; Vaccaro & Lambie, 2007; Flores, 2012). Because of the biases associated with computer associated interactions students may be weary of the practice of distance counseling (Trepal, Haberstroh, Duffey, & Evans, 2007). According to Trepal, et. al (2007), it could be helpful for counselor educators to discuss with students at the beginning of their graduate level studies issues related to distance counseling including the advantages and implications. Counselor educators are strongly encouraged to focus on teaching counselor trainees basic skills for establishing and maintaining a counseling relationship in an online environment. Oravec (2000) suggested counselors in training should be exposed to distance counseling and therefore
become aware of strengths and weakness of this counseling approach. As more counselors in training desire to practice distance counseling, as graduates they have the ability to assist in the future guidance, teaching, and preparation of distance counselors (Cohen & Kerr, 1998). Although not completely different, there are unique skills that are required when training towards the distance counseling profession (Mallen, et. al, 2005; Patrick, 2005).

Contrary to the scarcity of literature on preparing distance counselors, there is a moderate amount written about distance clinical supervision (Baltimore, 2004; Evans, 2009; Sampson, Jr., 2000). Usage of current technology (e.g. Skype or a moderated encrypted website) has enhanced the clinical training and supervision capabilities of counselor educators (Baltimore, 2004; Sampson, Jr., 2000). Although traditional supervision of counselors in training has been primarily based on the face-to-face format, the online format has been emphasized within the last three decades (Evans, 2009).

ETHICAL GUIDELINES IN MENTAL HEALTH

Within the mental health field each profession abides by their governing body code of ethics and policies. This allows the clinician guidelines when practicing and interacting with clients. Clinical mental health counselors abide by the American Counseling Association (ACA) Code of Ethics. The ACA Code of Ethics establishes acceptable ethical behaviors, responsibilities, and standards that licensed professional counselors aspire towards and maintain throughout their professional career as a licensed counselor. For the purpose of this research the ACA Code of Ethics was last revised in 2014 and has six main purposes that it serves. The first is to enable ACA to clarify the nature of the ethical responsibilities held in common by its members. Second to help support the mission of the association. Third the code serves to establish principles that define ethical behavior and best practices for members. Fourth, it is an ethical guide in deciding a professional course of action that benefits the client and promotes the values of the counseling profession. Lastly, the code provides a process for ethical complaints against the practicing members of the association. The code of ethics is significant in that it provides a central professional guideline for practicing counselors who may be presented with an ethical dilemma in helping client. This guideline empowers counselors with the necessary information to engage in an intentional decision making process. Although, there is not a specific process that is set as the most effective, following an intentional process allows the mental health professional to have a clear and documented explanation of why the specific actions were taken within the ethical situation. Each practicing clinician within the field of mental health counseling will have their own ethical standards and values that they invoke and it is almost inevitable that conflicting emotions regarding ethical decisions will arise. Therefore, it is important for the counseling practitioner to provide a viable explanation regarding the actions taken with the client and situation, as the ethical codes are merely a guideline and can only serve as such. In any case, following the ethical decision-making model provided by ACA is recommended. Furthermore, decision-making is foundational in the mental health field, a professional field of uncertainty where clients present various implications and challenges specific among their worldview. According to ACA (2014), central to professional values are the principles of professional ethical behavior. These principles include:

• Autonomy
• Nonmaleficence
• Beneficence
• Justice
• Fidelity
• Veracity
In navigating the ACA Code of Ethics (2014), counseling professionals will notice it is separated into nine sections. Including: (a) The Counseling Relationship, (b) Confidentiality and Privacy, (c) Professional Responsibility, (d) Relationships with Other Professionals, (e) Evaluation, Assessment and Interpretation, (f) Supervision, Training and Teaching, (g) Research and Publication, (h) Distance Counseling, Technology, and Social Media, and (i) Resolving Ethical Issues. Important to note, the 2014 ACA code of ethics handbook has vastly grown in detail in relation to the previous 2005 edition, specifically section H: Distance Counseling, Technology, and Social Media. This section did not exist in the previous 2005, ACA Code of Ethics.

ETHICS IN DISTANCE COUNSELING

As a growing modality in the mental health profession, distance counseling is significantly increasing its presence in health management and policy. According to the ACA Code of Ethics (2014), distance counseling, technology, and social media are areas of focus and emphasis when it comes to ethical conduct. Similar to traditional face-to-face mental health services, the following areas are of great importance in the confidentiality of the client, privacy for the client, and professional responsibility of the mental health professional:

- Informed Consent
- Security
- Confidentiality
- Client Verification
- Professional Boundaries

As noted previously within this research, unlike traditional counseling, distance counseling encompasses legal considerations specific to a technology-based forum. Within distance counseling the listed areas require greater emphasis due to the technological nature of the modality (Kaplan, 2006). Security and confidentiality are of significant importance and understanding. This is perhaps seen as the most differentiated from the traditional therapeutic forum as electronic transmissions and encryption technologies are enacted using distance counseling. Electronic transmissions refer to the format in which the mental health professional and the client interact. As an example, this may be in the form of telephone based, e-mail based, chat based, video based, or social network based communication (NBCC, 2016). Encryption technologies refer to the manner in which the mental health professional is able to verify he or she is interacting with the client. Access to client verification ability is vital to continue distance counseling. Without implementation of this security feature, the mental health professional is not able to securely verify if or when he or she is truly communicating with the client.

In terms of practicing within legal boundaries in the field of mental health, abiding by the Health Insurance Portability and Accountability Act of 1996 (HIPPA) is essential. Set forth by the United States Government, 104th Congress in 1996, HIPPA is necessary in the US for each mental health professional and client to begin and sustain a healthy and legal therapeutic relationship. HIPPA compliant distance counseling and professional services such as Hushmail (asynchronous) and Icouch (synchronous) enable asynchronous or synchronous form of communication between the mental health professional and client using electronic media all while remaining in accordance with mental health management and policy. In today’s society using social media has become the norm across cultures. The presence of social media has drastically increased over recent years in not only society but also the mental health field. For example, using the app LinkedIn allows mental health professionals a social network based forum for distance professional services including supervision and consultation with other mental health professionals.
IMPLICATIONS

Upon review of the current literature based from this study’s purpose, the author found two significant areas of implication related to current research and mental health practice. First, there is a continued need for future studies to empirically explore the ethics in distance counseling. There is a lack of empirically based studies that support distance professional services. It is important to note, more and more studies are currently published referencing distance counseling. However although novice in the mental health field, distance counseling is becoming more present. Although well supported by current research in the mental field, more needs to be done involving distance counseling. In order to broaden the spectrum within distance counseling literature, future research should focus upon ethical guidelines. As a result, there seems to be a dearth of ethically based empirical research within the distance counseling literature. Secondly, unfortunately in today’s hectic lifestyle most clients sacrifice essential mental health counseling visits because of the lack of time or energy in efforts to engage in traditional face-to-face counseling practices. Distance counseling reaches clients who may not have the time during the day or may live hours away from the nearest mental health office. Meeting the client where they are is one of the first concepts delivered in entry-level graduate courses. Despite the concept of meeting the client where they are emotionally and physically, there is still a lack of distance counseling training occurring in most clinical mental health programs (Mallen & Vogel, 2005; Flores, 2012). The need for empirical research on counselor training programs could perhaps ensure current and future generations of mental health counselors are taught the knowledge and skills needed to be a competent and effective distance counselor.

CONCLUSION

In summary, there is not only a digital divide (Hoffman, Novak, & Schlosser, 2000; Lee, 2000; Leibert, Archer, Munson, & York, 2006) that currently hampers many counselor preparation programs from implementing distance counseling training, there is also a lack of specific guidelines for developing distance counseling training courses (CACREP, 2016). Employing various forms of technology, mental health professionals are able to use their specific training in the scientist-practitioner model to determine the course of distance counseling specific to their practice. Clinicians are potentially able to extend their reach to serve a new population of clients. As more counselors get involved in providing distance services, the foundation of knowledge related to practical aspects of distance treatment will become more solidified, and practitioners understanding of how best to implement distance counseling trainings will increase (Mallen & Vogel, 2005; Caspar & Berger, 2005, Flores & Maynard, 2014). Distance counseling’s most appealing attribute is the potential to reach underserved populations, such as rural and underdeveloped areas of the US (Mallen & Vogel, 2005; King, Bambling, Lloyd, Gomurra, Smith, Reid, & Wegner, 2006). The literature in ethical usage of technology in mental health is scarce and offers great opportunity for future empirical and contextual research.

It is important to note, the present research has been composed based upon current, generalized mental health management and policy research among the ethical usage and implementation of technology in the field of mental health. Readers are strongly encouraged to review their country legal views, or if in the US their respective state law.
REFERENCES


Caspar, F. & Berger, T. (2005). The future is bright: How can we optimize online counseling, and how can we know whether we have done so? The Counseling Psychologist, 33, 900-909.


