

E-mail Rules!

Organizations and Individuals Creating Ethical Excellence In Telemental-Health

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*“Gary” feels hopelessly trapped. His life, he feels, consists of work, eat, and sleep... aside from sneaking out of bed at 4:00 a.m. to meet with his online lover, that is. But even that has him feeling trapped now because, while he feels that he hasn’t really given his marriage a fair chance, he also has little motivation to try to change the 24-year “ball-and-chain” relationship. Racked with guilt about the affair and hopeless about the future of his marriage and his lifestyle, he begins considering a way out. He lives within walking distance of Lion’s Gate Bridge in Vancouver, British Columbia. The thought of finality brings a frightening sense of peace.*

*Gary consciously focuses his attention on his computer screen, where he now sits at 5:05 a.m. having just written his online lover the e-mail to say it’s over.*

*The barrage of emotions is overwhelming. Scaring himself with the calm temptation of one final jump, he types “online counseling” into his search engine hoping someone out there can help...*

In this chapter we will examine several ethical issues pertaining to telemental-health. We first consider this topic from the perspective of professional organizations. We will then explore numerous specific ethical issues pertaining to the use of e-mail by individual professional helpers, and offer suggestions for awareness and action.

### Why Ethics?

The question may bring us back to an earlier stage of life – perhaps our adolescence – when we questioned, “Why all these rules?” Before we delve into the topic of telemental-health ethics, perhaps we need to remind ourselves, from the perspective of caring adult professionals, why we have codes of ethics.

Our intention and hope is to help, support, and heal those who seek out our professional assistance. Ethics are, based on the ongoing collective development of professional experience, the natural outflow of our desire to care effectively for the needs of our fellow human beings. Ethics help us define what is and what is not an effective means of providing professional care. Ethical codes have emerged out of our collective heart-felt dedication “to the enhancement of human development throughout the life-span (American Counseling Association, 2002, Preamble section, ¶ 1) and have as their “primary goal the welfare and protection of the individuals and groups with whom . . . [we] work (American Psychological Association, 1992, Preamble section, ¶ 2).”

### Ethical Principles for Telemental-health

#### Telemental-Health Defined

We define *telehealth* as the use of telecommunications technologies to make health care available to anyone who, whether by choice or necessity, receives care without the physical presence of a caregiver (Collie, Mitchell & Murphy, 2000). In this chapter, we will refer to the delivery of emotional, relational and mental health services via telecommunications technologies as *telemental-health*.

#### Distinct Ethical Guidelines, Regularly Amended

When it became evident that the Internet and its features for human communication were being used by helping professionals, many professional counseling organizations set out to develop distinct codes of ethics to address the unique situations created by Internet technology. Together with the National Board for Certified Counselors (NBCC), the authors developed the

first of these codes in 1997. The NBCC published this code under the title “Standards for the Ethical Practice of WebCounseling.” Since then, the NBCC has made amendments to the initial version, and now entitles their code “The Practice of Internet Counseling” (National Board for Certified Counselors, 2001).

Several other professional organizations have also developed distinct guidelines for the ethical delivery of telemental-health services. At the time of writing, the most well known examples were:

- The American Counseling Association’s “Ethical Standards for Internet On-line Counseling” (American Counseling Association, 1999);
- The American Psychological Association’s statement on “Services by Telephone, Teleconferencing, and Internet” (American Psychological Association, 1997);
- The Health on the Net Foundation’s “Honor Code of Conduct (Honcode) for Medical and Health Web Sites” (Health on the Net Foundation, 1997);
- The National Career Development Association’s “Guidelines for the Use of the Internet for Provision of Career Information and Planning Services” (National Career Development Association, 1997); and
- ISMHO/PSI’s Suggested Principles for the Online Provision of Mental Health Services (International Society for Mental Health Online, 2000).

These codes have identified many of the unique issues that emerge from the application of traditional ethics codes to telemental-health.

### Leadership to Emulate

The NBCC demonstrated exemplary leadership in developing a distinct ethical code for “Webcounseling,” and amending their initial code. The NBCC’s approach underlines two important principles that we hope other professional organizations will emulate:

1. that ethical principles for telemental-health are best developed as separate addenda, distinct from the professional organization’s traditional code of ethics; and
2. that the distinct ethical guidelines pertaining to telemental-health be regularly and frequently updated.

Standard ethical codes for the helping professions occasionally need to be updated as the values of society change and as new techniques and services are developed and included within the umbrella of what defines the profession. One of the most rapid areas of societal change is the technology sector. In keeping with the rapid development of new technologies, the need for frequent and regular updating of ethical codes that pertain to the delivery of telemental-health services is especially important.

Some may question, “Why is it necessary to create distinct ethical guidelines for telemental-health? The basic ethical values of our profession have not changed. Is it not merely a matter of applying the already existing principles to cyberspace?”

Telemental-health is a field in its infancy. It is unfamiliar territory and the issues are complex. In fact, by nature of the ongoing rapid pace of technological development, telemental-health service delivery will *continually* be unfamiliar and complex, ethically speaking. The sheer volume of ethical questions and issues that arise warrant specific, distinct attention in ethical codes. We are not overly cautious to suggest that, whenever a new technological application is to

be used with clients, practitioners should engage in the process of ethical decision-making. Professional organizations that develop and regularly amend distinct ethical guidelines for telemental-health demonstrate their recognition of the ethical complexity of telemental-health practise, and offer support to their members who face the daunting task of ongoing ethical decision-making.

Numerous technological communication tools exist that enable professional helpers to creatively provide services, ranging from the telephone, cellular phone and fax to Internet relay chat and videoconferencing. However, providing counseling services via e-mail provides a host of benefits to counselors and clients (Murphy & Mitchell, 1998). As well, since e-mail use by professional helpers is so commonplace and ethical breaches are so easily overlooked, the remainder of this chapter is devoted to a discussion of ethical issues pertaining to e-mail.

#### Ethical Principles Applied To E-mail Use By Professional Helpers

Most ethical codes include a section advising professional helpers through the process of ethical decision-making. An example of such a process is the “integrative model” of ethical decision-making, as presented by the Canadian Counselling Association (Schulz, 2000). Step one of the integrative model states simply: “The key ethical issues of a particular situation are identified (p. 11).” Reflecting even briefly on this step as it pertains to e-mail use yields numerous questions:

- Should e-mail be secured by encryption when used with clients?
- What if the security system requires set-up? What if it's different than regular e-mail and therefore my clients have to adjust to new software?

- What if my clients don't care about security, or don't want to bother using the secure system I provide? Should I give them the right to choose *not* to use the secure system and still receive my services?
- What about just using informed consent? – something like, "If you use this method, your message is not secure and your confidentiality could be breached."
- Should I publish an insecure e-mail address? What if a client emergency is received and there is no identifying information? Do I need to collect contact information if first contact by e-mail is available to the client?
- If there is a client emergency, do I have to report the situation if the client is in a foreign country? If I do have to report, to whom do I report? What if the situation I define as a "client emergency" is neither illegal nor considered an emergency in my client's culture? To whom do I report? My local authorities, or the client's?
- What if there is a delay between the client sending me an emergency message and the next time I sit down to check my e-mail inbox?

### Who, Me?

Using e-mail for communication with colleagues and other professionals is an everyday experience for most professional helpers. Communicating with clients via e-mail is less common. Nevertheless, many counselors *do* exchange e-mail correspondence with clients, even if it is simply to reschedule an appointment or to clarify a billing issue. In the emerging field of coaching, e-mail use with clients is prevalent.

Despite our daily use of e-mail with colleagues and/or clients, we may not be aware that there are several practical issues and ethical principles that deserve close examination. Steps two, three and four of Schulz's (2000) integrative model of ethical decision-making encourage us to:

- (step two) examine relevant ethical codes
- (step three) examine “the moral and ethical principles that are important to the situation” (p. 12), and
- (step four) explore possible resolutions.

Practitioners can accomplish step two by carefully reading the ethical guidelines for telemental-health that were identified earlier in this chapter. The discussion that follows, which takes us through steps three and four, applies not just to those who consider themselves to be “cybercounsellors.” The discussion applies to *every* professional helper who uses e-mail.

### Client Confidentiality

#### Insecure E-mail

Most people know that regular e-mail is not secure. But professional helpers may have overlooked the primary ethical implication of this fact: that regular e-mail does not protect their clients' confidentiality. And yet many of us are giving clients access to our e-mail addresses by publishing them on our business cards and web sites. Once that e-mail address is published, it is available for anyone to use who has Internet access.

This is an example of an ethical issue that is qualitatively different in the context of telemental-health as compared with face-to-face work, where we have to actively do something in order to breach a client's confidentiality. With telemental-health it is passive. We merely have

to use regular e-mail as we've always done. Although one may simply be writing to discuss a new session date and time, the client may respond with highly confidential information.

Case example: Sensitive personal information in the wrong hands.

*Richard and Teresa are involved in a messy divorce involving child custody and Teresa has taken a friend's advice and is seeking counseling through an agency that does not offer online counseling. On this particular week her therapist has an emergency and sends her a quick e-mail to let her know that they will need to change their appointment. Teresa writes back to say that, actually, she is pleased. She goes on to say, "I could use the extra time. When I was in university I used to do a lot of drugs and the other night I dropped acid with some old college pals. It was a ridiculous thing for a 40-year old woman to do I know. Anyway, I need a few days to recover! ☺"*

*Richard has a friend who might be described as a hacker. He has a little program called a "sniffer" sitting watching e-mail coming and going from the counseling agency. When it recognizes Teresa's e-mail address it grabs a copy of the e-mail and sends it to Richard's friend. The next day it is in the possession of Richard's lawyer.*

Domain Names

Many e-mail addresses owned and made public by counseling agencies and clinical practitioners contain domain names that reveal their professional identity (A domain name is the portion of an e-mail address that follows the "@"). Publicizing such e-mail addresses does not protect client confidentiality.

Case example: Participation in counseling revealed.

*Dorothy uses her home computer to communicate with her counselor to re-schedule appointments and send in journaling assignments between sessions. She sends her e-mail messages to info@counsellorbob.ca. Her teenage children also use this computer. With default e-mail settings, computers store copies of all outgoing messages. Although Dorothy is careful, she has not deleted e-mails from her "Sent Items". One evening her son is looking for an e-mail that he sent to his girlfriend that seems to have been lost. When he sees "counsellorbob.ca" in the list of sent items, he realizes that Mom is seeking personal counseling.*

Capability To Take Emergency Action

If clients or prospective clients convey emergency information using regular e-mail, counseling practitioners and agencies may be powerless to take action since regular e-mail may not contain enough information to trace even its geographic origin, let alone the sender.

This is quite unlike the experience of someone telephoning into an agency and disclosing suicidal thoughts. With the client on the telephone there is the opportunity to talk with him, perhaps to book an appointment or to refer him to emergency assistance. In such a case we at least know that the client has received our communication. As well, telephone companies now have a feature that allows us to find out who last called. A land-line phone number gives the police everything they need to locate an individual and, in an acute emergency, dispatch appropriate emergency assistance.

Case example: The untraceable suicide note.

This case example refers back to "Gary," the cyberclient with whom we opened this chapter.

*It's Tuesday, 8:05 a.m. Setting down her coffee, Joan, an experienced counselor, sits down at her computer to check her e-mail before her 8:15 counseling session.*

*She finds three new messages. One of them is from a sender she does not recognize. Her first instinct is that it must be junk mail, but then she notices the subject line: "Please Help"*

*Upon opening the message, Joan's emotional alarm bells resound as she reads these words:*

*"Hi I'm sitting here debating whether to end it all. My marriage is hopeless. I've been having an online affair and I don't even care if my wife finds out. I know exactly how to stop it all, and the freaky part about it is that I might just do it . . . "*

*Joan knows she needs to take action, but is uncertain what to do. She looks for a name, a phone number or any identifying information. She checks the e-mail address hoping for some kind of clue. It is no help at all: "bluejay374@hotmail.com."*

*Fighting back the urge to panic, she prints out a copy of the e-mail distress call and gives it to her secretary hoping he will know what to do. He does not. But he offers to call the police to see if they might know how to trace the origins of the message.*

*"Good idea," Joan says, as she tries to pull herself together to focus on her client who is now in the waiting room . . .*

Although this is a fictitious scenario, it could be real. The message could have been a disclosure of child abuse. Or it could have revealed a possible intention to commit homicide. We can be sure that it is only a matter of time until we receive an emergency e-mail message.

### The Issue Of Legal Jurisdiction

If we receive an emergency e-mail message from someone who lives outside the geographic boundaries of our own legal jurisdiction, what do we do? For example, if we collect contact information and secure our first-time client e-mail messages, someone living out of the country may still write:

“My son is idiot. I beat him hard but still won’t listen! What I should do?” [broken English intentional]

How are we to respond? What if beatings are not illegal in the client’s country? What if beatings are culturally acceptable? If I decide that I must act to protect the child, how can I track down the child protection authorities in the client’s country, if they even exist?

### Liability

It is, as yet, unclear whether professional liability insurance will cover helping professionals who have not minimized the exposures (risks) noted above.

### New Principles and Practical Resolutions

#### Publication and Provision of E-mail Addresses

There are a variety of possible alternatives concerning the ethical issue of regular e-mail use by professional helpers. Outlining these constitutes the fourth step of Schulz’s (2000) model of integrative ethical decision-making. Working through such a process is key for each element of a therapist’s use of online communication tools.

### Don't Publish Regular E-mail Addresses

This option, while ethically sound, may be neither convenient for clients nor helpful for practitioners and agencies attempting to market their services.

### Publish Regular E-mail Addresses with a Warning

The warning would let clients know that they must waive their right to confidentiality. This option gives clients an opportunity to *choose* whether they are willing to waive their right to confidentiality.

While a warning informs clients of the confidentiality issue, it raises other important questions. If clients wish to gain access to professional counselors via e-mail, is it ethical to ask them to give up their right to confidentiality to cover our inability to protect them? Would a “non-confidentiality” waiver stand up to legal scrutiny?

A further necessity, if counselors implement this second option, is that the warning must also contain a request that clients include basic contact information. This, then, would allow practitioners and agencies to act on emergencies.

However this, too, is a weak solution because the warning and the request contradict each other. If anything, the warning about the lack of confidentiality would influence clients to avoid discussing private matters. We put them in a bind if they must include their private residential address or telephone number and yet send it in an insecure e-mail message.

### Publish Regular E-mail Addresses, But With A Generic Domain

In order to address the domain name issue (as described earlier in the chapter), e-mail addresses that are published should be either generic (e.g., info@hotmail.com, info@yahoo.com)

or in some other way obscure any affiliation with the counseling profession (e.g., info@tlcobc.com). This, however, does not address the issue of confidentiality.

### Provide Clients Secure E-mail

Providing for clients secure e-mail with contact information collection capability resolves several issues, but special attention must be given to a number of considerations.

First, since ethical guidelines require professional helpers to provide secure e-mail for their clients, does this mean that clients will be required to download and install special software? If so, there is a risk that the process of downloading and installing software may cause clients further distress. Ideally, whatever secure e-mail solution is provided, the process for clients should minimize any technical demands or expertise. In addition, telephone contact should be offered in case clients encounter technical difficulties.

Second, the domain name issue remains. Professionals should choose an e-mail security method whose domain name obscures any affiliation with counseling.

Third, the process of providing clients with secure e-mail should be integrated with the collection of their contact information. This minimizes the burden on clients to supply contact information in a separate process. In addition, the process of collecting and storing contact information should be secure (by housing the database on a secure server for example).

Otherwise, again, confidentiality is compromised.

### Reporting Client Emergencies

When professional helpers have reason to believe that a client emergency may be taking place outside the geographic boundaries of our legal jurisdiction, we believe that the most

appropriate course of action is that we contact our appropriate *local* authority. As well, after making such a report, it is sound practise to follow-up by asking the local authority what measures were taken.

It makes sense that professional helpers should act in accordance with the ethics and laws of the land in which they live. This principle, based on our own experience of working with local authorities in British Columbia, is also upheld by the Canadian Nurses Association:

Nurses engaged in telepractice are considered to be practising in the province/territory where they are located and currently registered, regardless of where the client is located. As such, they must provide nursing telepractice services consistent with the Code of Ethics for Registered Nurses, professional practice standards, relevant legislation and practice guidelines of the province/territory in which they are registered and practising.... The licensure model endorsed by CNA, in which locus of accountability is where the nurse is located, is believed to be the most cost-effective and efficient for regulatory bodies to implement and in the best interests of both clients and nurses. The model avoids complex issues of administration of multiple licensure agreements that could present barriers. To date, legal precedents have not been set in this area of nursing practice” (Canadian Nurses Association, 2001, p. 1).

#### Intake Procedure: E-mail Usage Intentions of In-person Clients

Most clients in North America use e-mail. It behooves us to find out whether and how our in-person clients may wish to use e-mail with us. If we discover that many clients wish to use e-mail with us, we can then take responsible steps to manage the situation ethically. We offer this

simple questionnaire as a way to assess the need to apply telemental-health ethics to each new client upon their admission into a counseling or coaching relationship.

Client E-mail Usage and Service Delivery Questionnaire

<b>Counselor asks client these questions:</b>	<b>Action, if yes</b>	<b>Action, if no</b>
1. Do you ever use e-mail?	Ask question 2.	End of questionnaire.
2. Can you ever see yourself wanting to contact me by e-mail?	Offer to set up a secure e-mail account for client. Ask question 3.	End of questionnaire.
3. Would you be interested in trying one or more of your counseling sessions online, by secure e-mail?	Inform client of risks and benefits (terms and conditions) of online counseling. Ask question 4.	End of questionnaire.
4. Would you like to try our next session online, by secure e-mail?	Book a time to reply to client via secure e-mail. Give client guidance about sending first message (i.e., questions to answer, technical support for logging in, etc.)	Invite client to send a secure e-mail message any time. Inform client of response time.

Ask Your Insurance Provider and Your Lawyer

Some insurance providers are still not offering professional liability coverage for telemental-health service delivery. Some providers *do* offer coverage, but stipulate a variety of limitations such as where court proceedings must take place, and geographic constraints for service delivery.

Liability insurance coverage may not reflect legal issues. For example, providing cybercounseling to clients across state lines or to clients in other countries may be construed as illegal by certain authorities. This could be the case in spite of an insurance provider's willingness to cover professional liability worldwide.

Because of these legal and liability considerations, it is wise for every prospective telemental-health practitioner to discuss their intentions with their insurance provider and to seek legal advice.

Case example: Secure e-mail with registration.

*“Neil” has just completed his first year of university. An “A” student in high school, Neil is shocked to discover that his grades have dropped to a “C+” average. Neil is worried about how his parents may respond. He’s also feeling guilty that the level of “partying” he engaged in may have been a factor that contributed to his academic decline. He feels the year was “a write off.”*

*He feels the need for support and advice before breaking the news to his parents. He considers visiting the university counseling agency. Later that day, while browsing the Web, Neil wonders whether counseling is available online. He discovers that many online counseling services are available. He reads about one of the services, and decides he’d like to give it a try.*

*He notices that he has been provided a secure sockets layer (SSL) connection, and so is comfortable providing his personal contact information. He is automatically guided through the process of setting up a secure web-based e-mail system and consenting to a “Counseling Service Agreement.” Confident that the service he has chosen is obviously a*

*professional one in which care has been taken to ensure his privacy and well-being, he begins to relax and feel the release of heaviness as he writes his secure message to his new counselor.*

### Awareness and Action

The experience in most professions today is that the rapid pace of technological advances speeds ahead of ethical considerations. The counseling profession is no exception. Professional organizations like the National Board for Certified Counsellors have demonstrated foresight and leadership by developing distinct ethical guidelines for telemental-health and by amending those guidelines.

Ethical and practical issues that pertain to the publication of regular e-mail addresses have not been widely recognized in the counseling profession. Most ethical codes that specifically address the topic of internet communications with clients stipulate the necessity of securing those communications so that the confidentiality of information is assured. It is more than hyperbole to suggest that *the use of insecure e-mail by professional clinicians may be the single most ubiquitous breach of ethics in the history of psychology.*

Awareness is the first priority. In raising these issues, we want to encourage discussion and reflection, both at the level of professional organizations and at an individual practitioner level. As our professions take a closer look at defining ethical excellence in telemental-health, and specifically the use of e-mail, we hope that individual practitioners will also be inspired to take action to select and utilize appropriate security technology. Technological solutions do exist. The truth is that it would not be too difficult for a knowledgeable hacker to monitor, steal, and publish a sensitive e-mail going into or out of a counseling office. As the case example above

suggests, an angry former spouse could do a great deal of damage to both their former partner and to the counseling profession as a whole with such a simple act. It is incumbent on us to make sure that this kind of disaster simply cannot happen.

### References

American Counseling Association. (2002). ACA Code of Ethics and Standards of Practice.

Retrieved July 23, 2002, from <http://www.counseling.org/resources/ethics.htm>.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. Retrieved July 17, 2002, from <http://www.apa.org/ethics/code.html>.

American Psychological Association. (1997). Services by Telephone, Teleconferencing, and Internet. Retrieved July 23, 2002, from <http://www.apa.org/ethics/stmnt01.html>.

Canadian Nurses Association. (2001). Position Statement: The Role of the Nurse in Telepractice.

Retrieved April 30, 2002 from

<http://www.cna-nurses.ca/pages/policies/telepractice%5Fps.pdf>.

Collie, K.R., Mitchell, D., & Murphy, L. (2000). Skills for on-line counseling: Maximum impact at minimum bandwidth. In J. W. Bloom & G. R. Walz (Eds.), *Cybercounseling and Cyberlearning: Strategies and Resources for the Millenium* (pp. 219-236). Alexandria: American Counseling Association.

Health on the Net Foundation. (1997). Honor Code of Conduct (Honcode) for Medical and Health Web Sites. Retrieved August 15, 2002, from <http://www.hon.ch/HONcode/Conduct.html>.

- International Society for Mental Health Online. (2000). Suggested Principles for the Online Provision of Mental Health Services, Version 3.11. Retrieved August 15, 2002, from <http://www.ismho.org/suggestions.html>.
- Murphy, L., & Mitchell, D. (1998). When writing helps to heal: E-mail as therapy. *The British Journal of Guidance and Counselling*, 26, 21-32.
- National Board for Certified Counselors. (2001). The Practice of Internet Counseling. Retrieved July 17, 2002, from <http://www.nbcc.org/ethics/webethics.htm>.
- National Career Development Association. (1997). Guidelines for the Use of the Internet for Provision of Career Information and Planning Services. Retrieved August 15, 2002, from <http://www.ncda.org/about/polnet.html#guidelines>.
- Schulz, W. E. (2000). Counselling Ethics Casebook 2000 (2<sup>nd</sup> ed.). Ottawa: Canadian Counselling Association.