



The Counseling & Social Work Superstore

"#4 Ethics: Counseling Issues Online"

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#4 ETHICS: COUNSELING ISSUES ONLINE

3 CEU Credit Hours

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NOTE: This PeachTree Professional Education, Inc. Online CEU Course entails this packet of information - and - requires reading of your corresponding professional association's Code of Ethics. (External internet links are provided within this course.)

Course Description:

This course explores and explains the evolving ethics concerning online and electronic therapy, which is more common than many in the field would imagine. Interesting information about your industry, even if you don't practice therapy in these ways.

Course Objectives:

At the conclusion of this course, the professional will be able to:

- ◆ Familiarize themselves with their respective professional association's Code of Ethics.
- ◆ Understand the current guidelines for the ethical practice of online counseling.
- ◆ Identify the issues involved in managing professional protocol related to online therapy.
- ◆ Implement a strategy for the resolution of ethical dilemmas in the counseling process.

Purpose of this course:

The purpose of this CEU course is to provide a current understanding of the ethical guidelines for the mental health professional. Additionally, this course explores the current dilemmas of incorporating technology into the therapeutic process, and highlights the contemporary issue of "online therapy". This course also provides an overview and discussion of a model for resolving ethical dilemmas.

Course Outline:

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of Code of Professional Ethics at the professional association website or other external source for the information.

Part 3: NBCC Guidelines for Online therapy

Part 4: Completion of the accompanying materials and discussion

Part 5: Administration and Completion of the Evaluation of Learning

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3 CE Credit Clock Hours



Your instructor is **Richard K. Nongard**, a Licensed Marriage and Family Therapist, Certified Clinical Hypnotherapist and a Certified Personal Fitness Trainer.

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Ethics #4

INTRODUCTION

Instructor: Richard K. Nongard, LMFT/CCH

Welcome to this online Professional Ethics course!

The first part of this course addresses the various codes of professional ethics provided by correlating professional associations. (You should read your profession's corresponding Code by taking external website links provided on the next page.)

The second part of this course addresses the specific issue of online therapy. As a professional taking this course online, you no doubt have an interest in the use of technology and I believe you will find this information and discussion useful.

The third section of this course provides the professional with a model for resolving ethical dilemmas, and the framework offered can be easily applied to a variety of ethical situations.

I always appreciate your feedback about my courses, and if you have any thoughts or questions, please feel free to email us from our website at **www.FastCEUs.com**

Enjoy!!

Sincerely,

Richard K. Nongard

READ YOUR CODE OF ETHICS

Each professional association has published a Code of Ethics. The National Association of Social Workers, the American Association of Marriage And Family Therapists, The American Psychological Association, The National Association of Alcoholism and Drug Abuse Counselors and the American Counseling Association have all published Codes of Ethics unique to the professions that they serve. In addition, various states have published their own Codes of Ethics, applicable to licensed individuals in their state.

As part of this course, you are required to read your respective professional association's Code of Ethics. Most professionals will find a copy of the Code in their membership information packets.

For professionals who are licensed but not dues paying members of any professional association, please know that each professional association's website has their Code of Ethics published on the Internet, available for all to read.

From a liability perspective, it is important to note that whether we are a dues paying member or not of our respective professional association, **in civil court we will be held to our professional association's ethical standards.**

For example, if you are a Marriage and Family Therapist licensed by the state but not a member of the AAMFT, you will still be held to the ethical standards of the AAMFT for the services that you provide. If you are a Psychologist and not a dues paying member of the American Psychological Association, in civil court you will still be held to the ethical standards of your respective professional association's Code of Ethics.

When we face ethical dilemmas in our clinical practice, the answers to those dilemmas are often found in the basic principles of professional ethics provided by our professional associations.

The Codes of Ethics links on the next page are provided for your convenience.

Before or after you read the remaining course materials, please select the link for the association that corresponds to your professional licensure, and read their Code of Ethics. When you take the link - **you will leave this document** - you can use your browser's < back arrow to return, or you may wish to save this file in your Favorite Places. For most professions, the Code reading will be approximately 10-20 pages.

Sometimes the Boards will move or change their links. If this happens, you can find the new link to your Code by using an Internet Search Engine, like www.google.com.

NAADAC - National Association of Alcohol and Drug Abuse Counselors

<http://naadac.org/documents/index.php?CategoryID=23>

NBCC - National Board of Certified Counselors

<http://www.nbcc.org/ethics2>

APA - American Psychological Association

<http://www.apa.org/ethics/>

ACA - American Counseling Association

<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>

AAMFT - American Association of Marriage and Family Therapists

<http://www.aamft.org/resources/LRMPlan/Ethics/ethicscode2001.asp>

NASW - National Association of Social Workers

<https://www.socialworkers.org/pubs/code/code.asp>

SECTION 1

PROFESSIONAL ASSOCIATIONS AND THEIR CODES OF ETHICS

Most of us have not read our Professional Code of Ethics since we became licensed.

As part of this course you were instructed to follow a link provided on the previous page to your professional license's respective association's Code of Ethics, and to read through the material.

As a new counselor, intern or student, you probably joined a professional association. Most social workers became members of the National Association of Social Workers (NASW), and most counselors became members of the National Board of Certified Counselors (NBCC), The American Counseling Association (ACA) or the National Association of Alcoholism and Drug Abuse Counselors (NAADAC). All of these associations, and others like them (i.e., the American Psychological Association, the American Christian Counselors Association, etc.) have all developed their own unique **Professional Code of Ethics**.

Although there are likely not too many changes, it is responsible for us to review the Code periodically.

When we joined these associations as students, we were most likely mailed an official paper copy of their Code of Ethics. Chances are pretty good however, that although you are aware of the general content of these Codes, you have not read them for many years. Good news! Although changes do occasionally take place, unless you have been a counselor for a long time, the Codes have remained basically unchanged over the years. Therefore, the basic principles in each Code of Ethics can be as much of a practical tool for resolving ethical dilemmas faced by the professional on a daily basis today, as it was when you were first starting out.

As I say this, I am reminded of an LPC who came to me for advice because the agency where she worked insisted on billing catastrophically ill clients for hour-long psychotherapy sessions, even though some of these inpatient clients were too ill to benefit from such a traditional approach and were clearly in need of medication management and stabilization, before attempting such traditional interventions. She came to me in frustration, feeling almost guilty for attempting to engage in psychotherapy with such unstable clients. The reason? Her employer was demanding that the staff therapists reach certain goals for billable hours, as part of their job requirements.

This therapist certainly did have reason to worry. Not only because of the potential legal ramifications, but also because of the ethics requirement universal to all of the professional associations which states that ***competent and reasonable services be provided to clients.***

Like many other therapists though, she felt trapped in this unethical situation by a number of forces, including her boss, her own financial obligations, her need to retain steady employment to pay her bills, and allegiances and relationships with other staff members.

When she came to me in desperation she wanted an answer. And the answer to this ethical dilemma (like many others) can be found in our professional association's Code of Ethics.

The Professional Codes of Ethics are designed to help us resolve most ethical dilemmas we may face in counseling and social work practice.

This snippet comes from the NBCC code of ethics:

- ➔ 2. Certified counselors have a responsibility to the clients they serve and to the institutions within which the services are performed.

Certified counselors also strive to assist the respective agency, organization, or institution in providing competent and ethical professional services.

The acceptance of employment in an institution implies that the certified counselor is in agreement with the general policies and principles of the institution. Therefore, the professional activities of the certified counselor are in accord with the objectives of the institution.

If the certified counselor and the employer do not agree and cannot reach agreement on policies that are consistent with appropriate counselor ethical practice that is conducive to client growth and development, the employment should be terminated.

If the situation warrants further action, the certified counselor should work through professional organizations to have the unethical practice changed.

From the AAMFT Code of Ethics:

- 1.9 Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

From the NAADAC Code of Ethics:

- a. The NAADAC member shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.

From the NASW Code of Ethics:

- 1.01 *Commitment to Clients*
Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

**All
of
the
Professional
Associations
generally
address
and
outline
the
same
information
in
their
Codes
of
Ethics
—
although
often
in
different
ways.**

As you can see from the above snippets, even though the various Codes are written slightly different, they all communicate much of the same information, attitude and requirements.

We can also note from these examples, especially the NBCC Code of Ethics, that the solution (although it may be difficult or painful) is quite obvious. As a professional, ***our obligation is to the client we serve***, and although we may have additional obligations, the obligation to the client is primary.

Clearly, providing services for the sake of making the comptroller happy, and with no therapeutic benefit to the client, is an action in opposition to these core principles. The solution from these examples becomes simple: Try to make policy decisions from within, but when unable, the ethical therapist may have to ***vote with their feet!***

This, by the way, highlights one of the greatest difficulties in studying and applying professional ethics into practice and real-life examples:

Sometimes as professionals we are forced to make hard choices that are painful and uncomfortable.

**Sometimes
the
appropriate
answers
to
our
ethical
dilemmas
are
not
ones
that we
want
to
hear.**

But if we really value the therapeutic process and believe that our obligation is to our client, at times these kinds of choices must be made.

Fortunately, these choices don't actually come along very often.

The AAMFT code of ethics points out that you probably wouldn't have taken the job if you hadn't at least initially agreed with the policies and actions of the organization, and usually most difficulties of this magnitude can be sorted out through discussion and education with administration.

But be aware, occasionally such choices do come our way, and it is our responsibility to remember on basic premise of social work:

We are the advocate of our client.

SEX WITH CLIENTS

One primary reason that we professionals are required to take ethics as a part of re-licensure is simple: **Every year, a handful of professionals have sexual relationships with their clients.**

One of the most important ethical issues to address, and one of the most frequent legal liability issues is professionals engaging in inappropriate sexual activities with their clients.

The following quote is from "Sexual Involvement With Therapists: Patient Assessment, Subsequent Therapy, Forensics" by Kenneth S. Pope, Ph.D., ABPP, Published by the AMERICAN PSYCHOLOGICAL ASSOCIATION:

- ☞ The study's senior author confirmed through personal communication that the study's findings were that 12.1% of the male and 2.6% of the female participants reported having engaged in erotic contact (whether or not it included intercourse) with at least one opposite-sex patient; that about 4% of the male and 1% of the female participants reported engaging in erotic contact with at least one same-sex patient; and that, in response to a separate survey item, 7.2% of the male and 0.6% of the female psychologists reported that they had "had intercourse with a patient within three months after terminating therapy."

This excerpt obviously represents only one study of the problem concerning sexual relationships between therapists and clients, and in this CEU course I do not intend to dwell on sex between therapists and clients, as I honestly believe that all professionals already know that this is unethical behavior.

The reason I am addressing the issue is because I find it interesting that most professional ethical Codes *still to this day* seem to permit some form of sexual contact, even though it probably follows some type of *time prohibition*. I personally find this a disappointment.

Consider what the AAMFT code of ethics says:

- ☞ 1.5 Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact.

In an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not

engage in sexual intimacy with former clients after the two years following termination or last professional contact.

Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.

Regardless of what is detailed in the Professional Associations Codes of Ethics, in most states it is a CRIME to engage in sexual activities with clients.

It is important for the professional to note that occasionally the professional Codes of Ethics can differ from obligations under State law.

In Texas for example, it is a felony to **ever** engage in a sexual relationship with a client, *regardless of the time frame*. Several of the professional associations still seem to have the "two-year rule" and I really disagree with it. I think that the Texas 'lifetime prohibition' really acts in the best interest of clients.

After all, there are over 6 billion people on the planet.

If you have 1000 people in your professional files, that means you still have FIVE-MILLION, NINE-HUNDRED NINETY-NINE-THOUSAND (5,999,000) *other people* on the planet Earth to have sex with that are not on your caseload.

I don't think it's unreasonable to expect the professional to choose one of them, rather than one of the 1000 people in their file folders.

It is interesting though that each professional association seems to have a slightly different stance on this issue, even though all are in agreement on one point: **Sexual relationships with current clients is always unethical** (and in most states, criminal).

JUST DON'T DO IT!!

CERTIFICATION AND RESPRESENTATION

Consider this excerpt from the AAMFT Code of Ethics:

- ☞ 8.8 Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.

**If
you
wish
to
obtain
or
display
Specialty
Certification
credentials,**

**PLEASE

make
sure
that
you
must
complete
a
reasonable
amount
of
coursework
and
that
you
actually
EARN
the
credentials.**

It is important to accurately represent professional credentials. It seems lately that specialty certification opportunities are filling our mailboxes. "Grandfather in NOW!" these ads exclaim. Yet I find it interesting (or rather, disturbing) that once these agencies have collected the money from those grandfathering in, they often cease to continue to provide information, education or testing.

I have become very skeptical of professionals representing specialty qualifications, and encourage professionals to only represent specialty credentials that have been **earned**. There is nothing wrong with *earning* specialty certifications, as they can be quite valuable in marketing, employment seeking and dealing with insurance companies. And if nothing else, the process of earning them usually teaches the professional a great deal of useful information.

And this is the primary point: **Please make certain that the specialty credential** (like William Glasser's "Reality Therapist Certification" or Terrence Gorski's, "Relapse Prevention Certification" or our specialty certification programs (see our website for a complete listing) **actually offers true content, teaches skills and is earned through an educational process** a little more difficult than mailing in a check and a "Grandfathering Application."

If I were an employer and I received a resume with grandfathered specialty credentials, I would throw it away. I certainly can't be alone in my thinking.

- ☞ **NOTE:** The concept of 'Grandfathering' into specialty certifications referred to here should not be confused with the *legitimate State process* of grandfathering in professional license holders who have the education and experience to qualify for licensure during times of change in state law).

OTHER ETHICAL TOPICS OF INTEREST

From the NAADAC Code of Ethics:

☞ **Principle 5: Public Statements**

The NAADAC member shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

**It
shouldn't
need
repeating
—
but
we
will
anyhow :**

a. The NAADAC member, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact.

All other opinions, speculations, and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment or any other matters which touch on the subject of alcoholism and drug abuse shall be represented as less than scientifically validated.

b. The NAADAC member shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism and drug abuse, its natural history, and its treatment.

Such acknowledgment should extend to the source of the information and reliability of the method by which it was derived.

**Honesty
and
Integrity
are
the
foundation
for
providing
competent
therapeutic
services.**

I find this principle from the NAADAC Code of Ethics fascinating. It specifically points out the need for chemical dependency counselors to be **honest**. Integrity is a foundation of competent therapeutic services, and it is fascinating to me that the issue of integrity needed to be addressed with such specificity in the NAADAC code of ethics.

Most likely this became an issue as pseudoscience and psycho-fads invaded chemical dependency counseling in the early 1980's, and as wild claims related to the biological components of addiction became popular during the same time period. However, even the therapist who does not practice chemical dependency counseling would do well to bear in mind that our professions are actually more like art than science, and current knowledge and facts must guide our patient education and treatments.

This section of the NASW Code of Ethics is particularly interesting to me:

☞ **6.04 Social and Political Action**

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully.

Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

I personally find this fascinating because it essentially demands the professionals to become politically involved, and I agree. I meet a lot of professionals who complain about "The System" — yet they do not know who their State Representative or State Senator is. They don't know the difference between the US Congress and the State Congress.

These professionals let the attorneys and farmers in elected positions make the policy and decisions impacting our clients, without ever contacting them to offer insight on the needs of our clients. I honestly like attorneys and farmers, but they are not mental health professionals. They do not understand mental health or the impact on our clients made by the legislative decisions they make.

It is our duty as professionals to inform and educate those in decision making positions about how their actions affect our clients. I have found that when these individuals are contacted, (and whether you or they are Republican, Democrat, Independent, Libertarian, etc. does not seem to matter), they generally respond positively to our needs and are usually willing to be educated by those who take the time to reach out and teach them.

It should be pointed out that ***the NASW makes political involvement an ethical responsibility***. This certainly is not partisan. Although I think one could assume the general political tilt of a group of social workers would be liberal, I strongly believe that regardless of your political affiliation, involvement in advocating positions that benefit our clients is a nonpartisan activity open to all professionals.

Mental Health professionals SHOULD participate in legislative matters that affect their clients.

Your Political Persuasion generally matters very little to the politicians who want and need your professional guidance on these issues.

IN SUMMARY

**If
your
Professional
Code
of
Ethics
cannot
help
you
solve
an
ethical
dilemma,**

**PLEASE

seek
the
opinions,
advice
and
guidance
of
your
boss,
professional
peers,
or
Supervision
professional.**

As I mentioned at the beginning of this course, the answers to most of today's counseling and social work practice dilemmas can be found within in the professional Code of Ethics pages at the bottom of our desk drawer.

When I present live workshops, the following topics are often mentioned as ones of confusion for professionals:

- Specifics related to billing
- Documentation
- Client confidentiality
- Client transfers
- Administration
- Acceptance of gifts
- Dual relationships

In one way or another, most Codes of Ethics will address these issues. If you find yourself with an ethical dilemma that you feel unable to resolve with the guidance of the Codes, you should ask for help from your peers or administrative staff, or **seek professional supervision.**

This is not only for the welfare of your clients, but also for your own protection from personal and professional liability.

All of the major association Codes say basically the same thing, although some emphasize specific issues to a greater extent than others. But it is important to review them periodically to ensure that we deliver competent services, and to help us answer the questions professionals often face in resolving difficult decisions.

SECTION 2:

ETHICS, ONLINE THERAPY AND ONLINE SUPERVISION

If you are taking this course online, there is little doubt that you are able to navigate and use a computer with above average skills, and that you are confident in the value of services delivered on the internet.

Daily advances in technological capabilities can bring about ethical practice dilemmas (and perhaps even legal dilemmas) for mental health professionals.

One ethical dilemma currently facing our profession is **how to effectively incorporate technological advances into therapeutic services**. Within the spectrum of opinions on the subject of “e-therapy” or “online treatment” are those who say face-to-face therapy is the *only* ethical way to deliver services, and those at the opposite extreme who say *all* avenues of technology should be explored in providing therapeutic services.

State regulations may supercede the guidelines currently offered by the professional associations concerning online therapy, and one should be familiar with State statutes that may impact the use of telephonic or computer based technology in providing services.

However, the professional associations, primarily NBCC, have indicated a willingness to permit the technological delivery of services ***provided certain ethical guidelines are followed***.

There is a link on the instruction page of this course that leads directly to the NBCC statement on online therapy, and some of the sections of the text are presented on the following pages. Additionally, you should check out the following websites to see the direction that some members of our profession are taking with regards to online therapy:

- <http://www.metanoia.org/>
- <http://members.aol.com/stofle/>
- <http://www.ismho.org/>

(These links are provided for information purposes only. We have no affiliation with these individuals or organizations, and neither endorse nor disapprove of the content or services they provide.)

I, personally, am not a big proponent of online therapy. I see value in using email and even chat to communicate with clients regarding administrative issues, appointments, or ancillary support, (much like one would communicate with a client on the telephone), but I remain skeptical of my ability to provide competent services to clients via the internet.

That being said, different people respond to different methods of therapeutic intervention, and different therapists have different skills. There are probably some clients somewhere that would benefit from such services, and there are probably some therapists somewhere who have the skills to provide adequate online therapy services.

Nevertheless, I also believe that some issues have not yet been fully explored or experienced, such as:

- 1.) **Interstate professional licensing laws**
- 2.) **Protection of confidentiality**
- 3.) **Integrity of the process**
- 4.) **Client protection and assessment**

In the era of key-tracking software (which makes secret copies of every single thing you type or do on your computer) and litigation related to assessment, I am simply wary of online therapy. But, these are really personal positions. And although I hold beliefs shared by many therapists, evolutions of online therapy and ethical issues related to online therapy are being explored every day.

To a certain extent, I applaud these risk takers in our profession, because even though *I* may be uncomfortable providing services online, some clients may actually prefer the experience. And it is certainly a cheaper avenue of delivering services.

The formula here is easy to see: If clients prefer it as a modality of treatment, and insurance companies find it a cheaper alternative, it will become an accepted form of service delivery, *despite* the protests of therapists like me.

Since reality tells us this is a wave of the future, I think all therapists should be aware of the current trends and be involved in creating ethical guidelines for delivering such services, *even if you personally do not provide such services.*

**It
should
be
every
professional's
responsibility
to
keep
informed
of
changing
practice
modalities,**

**and
to
be
involved
in
creating
ethical
guidelines
for
any
such
new
practices.**

At one time I was very rigid in my position: “NO ONLINE THERAPY!” But then I did some research and learned about what types of services were being offered, and ran across an interesting quote on the internet by Gary Stofle, LISW who said, “***If the ethical therapist is not online, who is?***” Certainly a point to consider.

The NBCC explains that with continual changes in technology,

not only did they feel a need to develop a completely separate Code of Ethics for practicing Internet counseling,

but they recommend you review them frequently.

The NBCC guidelines for online therapeutic services are fairly well developed, but are still in a stage of evolution. What follows are a few sections excerpted from the entire Code that you should have already read at the beginning of this course.

➤ **Standards for the Ethical Practice of Internet Counseling (NBCC)**

<http://www.nbcc.org/webethics2>

These standards govern the practice of Internet counseling and are intended for use by counselors, clients, the public, counselor educators, and organizations that examine and deliver Internet counseling. These standards are intended to address practices that are unique to Internet counseling and Internet counselors and do not duplicate principles found in traditional codes of ethics.

These Internet counseling standards of practice are based upon the principles of ethical practice embodied in the NBCC Code of Ethics. Therefore, these standards should be used in conjunction with the most recent version of the NBCC ethical code. Related content in the NBCC Code are indicated in parentheses after each standard.

Recognizing that significant new technology emerges continuously, these standards should be reviewed frequently. It is also recognized that Internet counseling ethics cases should be reviewed in light of delivery systems existing at the moment rather than at the time the standards were adopted.

In addition to following the NBCC® Code of Ethics pertaining to the practice of professional counseling, Internet counselors shall observe the following standards of practice:

Internet Counseling Relationship

In situations where it is difficult to verify the identity of the Internet client, steps are taken to address impostor concerns, such as by using code words or numbers. (Refer to B.8)

There are NUMEROUS aspects of Online Therapy that must be completely and carefully addressed that we take for granted or don't have to worry about with traditional therapy practices.

Internet counselors determine if a client is a minor and therefore in need of parental/guardian consent. When parent/guardian consent is required to provide Internet counseling to minors, the identity of the consenting person is verified. (Refer to B.8)

As part of the counseling orientation process, the Internet counselor explains to clients the procedures for contacting the Internet counselor when he or she is off-line and, in the case of asynchronous counseling, how often e-mail messages will be checked by the Internet counselor. (Refer to B.8)

As part of the counseling orientation process, the Internet counselor explains to clients the possibility of technology failure and discusses alternative modes of communication, if that failure occurs. (Refer to B.8)

As part of the counseling orientation process, the Internet counselor explains to clients how to cope with potential misunderstandings when visual cues do not exist. (Refer to B.8)

As a part of the counseling orientation process, the Internet counselor collaborates with the Internet client to identify an appropriately trained professional who can provide local assistance, including crisis intervention, if needed. The Internet counselor and Internet client should also collaborate to determine the local crisis hotline telephone number and the local emergency telephone number. (Refer to B.4)

The Internet counselor has an obligation, when appropriate, to make clients aware of free public access points to the Internet within the community for accessing Internet counseling or Web-based assessment, information, and instructional resources. (Refer to B.1)

Client confidentiality is important in any therapeutic process,

but with Online Therapy it is an extremely important issue.

All available precautions need to be taken, to protect not only the client, but your own personal and professional liability.

Within the limits of readily available technology, Internet counselors have an obligation to make their Web site a barrier-free environment to clients with disabilities. (Refer to B.1)

Internet counselors are aware that some clients may communicate in different languages, live in different time zones, and have unique cultural perspectives. Internet counselors are also aware that local conditions and events may impact the client. (Refer to A.12)

Confidentiality in Internet Counseling

The Internet counselor informs Internet clients of encryption methods being used to help insure the security of client/counselor/supervisor communications. (Refer to B.5).

Encryption methods should be used whenever possible. If encryption is not made available to clients, clients must be informed of the potential hazards of unsecured communication on the Internet. Hazards may include unauthorized monitoring of transmissions and/or records of Internet counseling sessions. The Internet counselor informs Internet clients if, how, and how long session data are being preserved. (Refer to B.6)

Session data may include Internet counselor/Internet client e-mail, test results, audio/video session recordings, session notes, and counselor/supervisor communications. The likelihood of electronic sessions being preserved is greater because of the ease and decreased costs involved in recording. Thus, its potential use in supervision, research, and legal proceedings increases.

Internet counselors follow appropriate procedures regarding the release of information for sharing Internet client information with other electronic sources. (Refer to B.5)

Because of the relative ease with which e-mail messages can be forwarded to formal and casual referral sources, Internet counselors must work to insure the confidentiality of the Internet counseling relationship.

When practicing Online Therapy, it is extremely important to explore and follow the local rules and regulations for both the state you are counseling from, and the state the client is in.

Legal Considerations, Licensure, and Certification

Internet counselors review pertinent legal and ethical codes for guidance on the practice of Internet counseling and supervision. (Refer to A.13)

Local, state, provincial, and national statutes as well as codes of professional membership organizations, professional certifying bodies, and state or provincial licensing boards need to be reviewed. Also, as varying state rules and opinions exist on questions pertaining to whether Internet counseling takes place in the Internet counselor's location or the Internet client's location, it is important to review codes in the counselor's home jurisdiction as well as the client's. Internet counselors also consider carefully local customs regarding age of consent and child abuse reporting, and liability insurance policies need to be reviewed to determine if the practice of Internet counseling is a covered activity.

The Internet counselor's Web site provides links to websites of all appropriate certification bodies and licensure boards to facilitate consumer protection. (Refer to B.1)

The APA has also addressed the issue in a statement on the use of electronic communication, including the internet:

<http://www.apa.org/ethics/stmnt01.html>

➤ **APA STATEMENT ON SERVICES BY TELEPHONE, TELECONFERENCING, AND INTERNET**
A statement by the Ethics Committee of the American Psychological Association.

The American Psychological Association's Ethics Committee issued the following statement on November 5, 1997, based on its 1995 statement on the same topic.

The Ethics Committee can only address the relevance of and enforce the "Ethical Principles of Psychologists and Code of Conduct" and cannot say whether there may be other APA Guidelines that might provide guidance.

While the APA as yet has not issued specific guidelines for conducting Online or Telephone Therapy, it makes clear that it is an area to address and admonishes Professionals to take great care in delivering such services.

The Ethics Code is not specific with regard to telephone therapy or teleconferencing or any electronically provided services as such and has no rules prohibiting such services. Complaints regarding such matters would be addressed on a case by case basis.

Delivery of services by such media as telephone, teleconferencing and internet is a rapidly evolving area. This will be the subject of APA task forces and will be considered in future revision of the Ethics Code. Until such time as a more definitive judgment is available, the Ethics Committee recommends that psychologists follow Standard 1.04c, Boundaries of Competence, which indicates that "In those emerging areas in which generally recognized standards for pre- preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm."

Other relevant standards include Assessment (Standards 2.01 - 2.10), Therapy (4.01 - 4.09, especially 4.01 Structuring the Relationship and 4.02 Informed Consent to Therapy), and Confidentiality (5.01 - 5.11). Within the General Standards section, standards with particular relevance are 1.03, Professional and Scientific Relationship; 1.04 (a, b, and c), Boundaries of Competence; 1.06, Basis for Scientific and Professional Judgments; 1.07a, Describing the Nature and Results of Psychological Services; 1.14, Avoiding Harm; and 1.25, Fees and Financial Arrangements. Standards under Advertising, particularly 3.01 - 3.03 are also relevant.

Psychologists considering such services must review the characteristics of the services, the service delivery method, and the provisions for confidentiality. Psychologists must then consider the relevant ethical standards and other requirements, such as licensure board rules.

As you can see, the issue of the proper use of technology in delivering services is as of yet incomplete, but the issue must be explored. I certainly applaud the NBCC and the APA for addressing these issues, although in fairly general terms.

I must also compliment the attempt by the **International Society for Mental Health Online (ISMHO)** to create a set of guidelines that may be of value to the professional. The guidelines they have developed can be found at <http://www.ismho.org/suggestions.html>

Providing 'Online Supervision' services to other professionals may not be quite as ethically challenging, but one would be well advised to still take all available precautions for confidentiality and security.

ONLINE SUPERVISION

Another area of interest has to be the subject of 'Online Supervision for Professionals'. Gary Stofle, LISW has a fascinating webpage with an account of his experiences in providing online clinical supervision, and has suggested some guidelines for providing these services.

Stofle suggests:

Requirements for Effective Online Supervision

In order to derive the maximum benefit from the process of online supervision, both the supervisor and student should meet certain criteria:

- Have skill in navigating online.
- Have basic (*and I would advocate 'advanced'*) typing and spelling skills.
- Be able to express self in the written word.
- Be able to express concepts/ideas without the use of non-verbal cues.
- Have excellent communication skills.

This area of professional practice (supervision) seems to make a great deal of sense, and may offer access to opportunities that face-to-face supervision could otherwise not provide.

Although we neither endorse nor oppose Stofle's ideas and website, we think these issues are ones that the ethical therapist must address, *or* sooner rather than later, the resolution of these dilemmas will unfortunately come from **non-clinical sources**.

SECTION 3

BASIC PRINCIPLES FOR RESOLVING ETHICAL DILEMMAS

**If
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**we
need
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resolve
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ethical
dilemmas.**

Ethics are different than morals. However, there are five basic moral principles that should guide the resolution of all ethical dilemmas.

The American Counseling Association website www.counseling.org has some very useful thoughts on the application of these principles and offer counselors a model for resolving ethical dilemmas at <http://www.counseling.org/Counselors/PractitionersGuide.aspx>

These five principles are:

- 1.) Autonomy - Interventions should facilitate client functioning apart from the therapeutic process.
- 2.) Beneficence - We must promote good for others. We are the advocate of our client.
- 3.) Non-maleficance - We must avoid doing harm. Selecting the most appropriate level of care and modality of treatment delivery certainly fits in this area.
- 4.) Justness - Regardless of our own biases, we must provide equal treatment to clients requesting services.
- 5.) Fidelity - Keeping our promises is a basic tenet of responsible therapy.

These basic principles can be used as a checklist to determine if the proposed resolution of a dilemma is ethical.

They are the standard for resolving dilemmas we will be held to.

Incorporating these principles into a process for decision making can be summed up as follows (from the ACA website):

If you always follow this process for resolving ethical dilemmas, you will usually reach a sound decision, even if it isn't one you really like.

- 1.) The Ethical Decision Making Model at a Glance
- 2.) Identify the problem.
- 3.) Apply the ACA Code of Ethics.
- 4.) Determine the nature and dimensions of the dilemma.
- 5.) Generate potential courses of action.
- 6.) Consider the potential consequences of all options, choose a course of action.
- 7.) Evaluate the selected course of action.
- 8.) Implement the course of action.

The most difficult component of this process is the last, *"Implement the course of action."*

The reason this is most difficult is quite simple: sometimes difficult dilemmas have resolutions that are not pleasurable, difficult or even have consequences for the clinician.

But doing the best thing in the short term is a whole lot easier than doing the wrong thing and paying the consequences later.

This model for resolving ethical dilemmas has been adapted by the ACA, by the American School Counselors Association and other professional groups.

COURSE CONCLUSION

The purpose of Professional Ethics Continuing Education is to highlight specific important issues and to remind you of concepts you should already know.

If you have any thoughts or questions about this course content, please feel free to contact us.

This course is obviously not a comprehensive collection of all of the ethical issues a clinician must be aware of during the course of practice. Rather, it has been an exploration of the resources available to the professional for resolving general ethical issues, and has focused on a current dilemma our profession must address: **Online Therapy**.

Because this is a three-hour course, our discussions have been brief, but they have certainly highlighted the issues relevant to the counseling professional.

For additional information on the issue of professional ethics, we suggest the following resources for the professional:

- ***ACA Ethical Standards Casebook***
by Barbara Herlihy (Editor), Gerald Corey (Editor),
American Association for Counseling association
- ***Ethics in Psychotherapy and Counseling: A Practical Guide***
by Kenneth S. Pope, Melba Jean Trinidad Vasquez
- ***Choosing an Online Therapist: A Step-by-Step Guide to Finding Professional Help on the Web***
by Gary S. Stofle

DISCLAIMER:

This course has referred you to resources and websites outside of the control of PeachTree Professional Education, Inc. and the author of this course, Mr. Richard K. Nongard.

These external resources and ideas are neither endorsed or opposed by PPE, Inc. or Mr. Nongard, and are solely utilized for educational value and consideration in the decision making process by mental health professionals.

THANK YOU FOR YOUR PARTICIPATION IN THIS COURSE

To receive continuing education credit for this course, you must have read this entire text file and your respective professional association's Code of Ethics.

You must also complete and return the Evaluation of Learning Quiz and pay the CEU fee. (Instructions are on the next page.)

We always appreciate constructive input from our customers - even when it's 'negative', so please feel free to fill in the "Additional Comments" section of the Grade This Course evaluation when you submit your quiz and payment.



Richard K. Nongard, LMFT, CCH, CPFT
Executive Director

"#4 Ethics: Counseling Issues Online"

3 Continuing Education Clock Hours

Procedures to Receive CEU Credit:

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EVALUATION OF LEARNING QUIZ - PAGE 1 of 3

PRINT & FAX or MAIL THIS PAGE AND THE ANSWERS PAGES TO OUR OFFICE

*** * * * OR * * * ***

You may complete and submit this information **ONLINE** by following this link:

<https://www.fastceus.org/index.php?extension=ethics-4>

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State: _____ Zip: _____

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EVALUATION OF LEARNING QUIZ - PAGE 2 of 3

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The purpose of the following Evaluation of Learning questions is to:

- A.) Verify that you have read the required course materials
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- C.) Officially document your participation and completion of this course

➔ PLEASE ANSWER THE FOLLOWING EVALUATION OF LEARNING QUESTIONS.

- T F 1.) I have read all of the required reading for this course:
- T F 2.) I have read my professional associations code of ethics:
- T F 3.) The author of this course thinks sex with former clients is OK after two years.
- T F 4.) Online Therapy Should never be permitted.
- T F 5.) The NBCC has been at the forefront in addressing issues related to e-therapy.
- T F 6.) All of the various professional association Codes of Ethics are very different.
- T F 7.) Even if you are not a member of a professional association, you will be held to their ethical standards in criminal matters.
- T F 8.) Even if you are not a member of a professional association you will be held to their professional standards in civil court.
- T F 9.) Eleven basic moral principles guide ethical decision making.
- T F 10.) The NAADAC Code of Ethics requires counselors to be honest.
- T F 11.) Making ethical decisions is an easy task with clear resolution.
- T F 12.) An international organization for online mental health does not yet exist.
- T F 13.) The APA has a specific prohibition against using the telephone for therapy.
- T F 14.) The NASW does not have a code of ethics.
- T F 15.) It is unethical to use email to contact clients for administrative needs.
- T F 16.) Clients in online therapy should be appraised of the technological limits of confidentiality.
- T F 17.) Client autonomy is a goal of therapeutic intervention.
- T F 18.) Justness involves providing equal treatment to all persons.
- T F 19.) The 5 Stages of Ethical Decision making have been adapted by organizations other than the ACA.
- T F 20.) According to NBCC, if the certified counselor and the employer do not agree and cannot reach agreement on policies that are consistent with appropriate counselor ethical practice that is conducive to client growth and development, the employment should be terminated.

GRADE THIS ONLINE COURSE! – Page 3

*It is helpful to us if you return this form via snail mail or fax,
along with your Quiz & Payment. Thank-you!*

Participant Assessment of Home Study CEU Course

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