Ethical, Legal, and Practical Considerations in the Practice of Telepsychology

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Disclosures

- All statements made in this presentation are my own and do not represent the policies or recommendations of any organizations with which I am or have been associated.

2

Conflict of Interest

- No individuals who have the ability to control or influence the content of this webinar have a relevant relationship with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers.

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The Provision of Mental Health Services in the Digital World

- What are Telehealth and E-Therapy?
- How has technology impacted how mental health professionals provide professional services?
- Being a mental health professional in the digital world; ethical, legal, and clinical issues
- Can mental health professionals and their clients be friends?

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Poll

- How much are you presently practicing telepsychology?
- A) 100% of the professional services I provide.
- B) The significant portion of my practice.
- C) A small amount.
- D) Not at all.

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Telehealth, E-Therapy, and The Use of Technology in Practice

- Telephones, Fax Machines, Cell Phones, E-mail, Text Messaging, Video Conferencing, Social Media, Apps, etc.
- Administrative Uses
- Clinical Uses
- Personal Uses
- Ethics Issues, Challenges, and Concerns

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Poll

- Which forms of telepsychology are you presently using to provide treatment to clients?
- A) Videoconferencing
- B) Telephone
- C) E-mail
- D) Text messaging
- E) Something else

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Telehealth

- The use of telecommunications and information technology to provide access to health assessment, intervention, consultation, supervision, education, and information across distance (Nickelson, 1998, p. 527).
- The use of the telephone, e-mail, chat rooms, and other internet and satellite-based technologies to provide direct clinical services.

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Clinical, Ethical and Legal Challenges

- Ability to adequately assess and diagnose an individual who one does not see or interact with in person.
- Missing nuances of interaction (visual cues)
- Handling emergencies and crises across long distances
- Professional tone to the interactions and preserving confidentiality
- Identity of client/legal ability to give consent
- Licensure issues; practicing across borders

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Value of Telephone Treatment

- Homebound patients (e.g., agorophobia, physical limitations, remote locale, etc.)
- Relative safety and anonymity of telephone interactions
- Ease of contact between appointments and during crises

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Three Waves of Technological Advances

Those that increase efficiency in running one's office.

Those that presently enhance the provision of clinical services.

Those that are considered emerging technologies.

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Technological Advances

First Wave Technologies

- Photocopy and fax machines
- Word processing
- Voice mail and answering machines
- Electronic claim submission

Second Wave Technologies

- Computerized test administration, scoring, and interpretation
- Providing clinical services via the telephone

Third Wave Technologies

- Virtual reality treatments of anxiety disorders
- Interactive televideo communication treatments

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E-mail and Text Messaging

- Administrative Uses
- Clinical Uses

No clear understanding of the effectiveness or appropriate use of e-mail as a therapeutic medium

(Barnett & Scheetz, 2003)

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Ethics Issues

- Inability to guarantee confidentiality
  - Informed consent procedures
  - Use of encryption software
  - Firewall protection for your computers
- Provision of services across state lines
- Local jurisdiction legal requirements (e.g., mandatory reporting requirements)
- Not knowing the true identity of client

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Clinical Issues

- Absence of visual and verbal cues
- Could be different people each contact
- Cultural differences that impact effective communication
- Handling emergency situations and crises
- Client expectations for responsiveness

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Teleconferencing and Interactive Televideo Communications

- Interactive Televideo Communications (IATV)
  Consultation and treatment to remote locales such as deployed military personnel, rural settings, prisons or other settings lacking specialized treatment professionals
  - Efficiency of service delivery/cost effective
  - Increased access to treatment
  - Superior to telephone and e-mail
  - Treatment across great distances

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Back to the Future?

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Areas of Concern with IATV

- Technological limitations impacting audio/visual acuity and clarity – interpersonal cues
- Inadvertent breaches of confidentiality
- Technology failures
- Difficulty responding to emergencies
- Licensure issues
- Knowledge of local laws
- Behavioral telehealth may not be the most appropriate medium for all treatment needs

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Legal and Ethical Issues

- 75% provide services across state lines
- 60% inquired about the patient's state of residence
- 74% uncertain or incorrect about states' telemedicine or telehealth laws
- 50% made advanced arrangements for responding to emergencies or crises
- 48% used a formal informed consent procedure prior to providing online services

(Maheu & Gordon, 2000)

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Recommendations

- Use a comprehensive informed consent procedure
- Learn relevant telehealth and telemedicine laws for all jurisdictions in which you will be providing services
- Do not practice outside the scope of your license
- Follow your profession's ethics code regardless of the therapeutic medium used
- Utilize all existing technology to protect each individual's confidentiality

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Recommendations (Cont.)

- Attend to issues of dangerousness, duty to warn and protect situations, and mandatory reporting requirements
- Make arrangements in consumers' local areas for emergency and crisis situations. Be knowledgeable of local resources
- Maintain appropriate liability coverage and be sure malpractice insurance covers these services
- Remain aware of the limitations of both the online services provided and the technology used to offer them

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Recommendations (Cont.)

- Evaluate the effectiveness of all telehealth services provided and modify them as needed
- Assess each individual's appropriateness for this modality of treatment. Make referrals when needed and appropriate
- Practice within your scope of practice and areas of competence
- Attend to cultural, ethnic, language, and other differences that may impact effective communication

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Recommendations (Cont.)

- Utilize effective documentation, adherence to termination and abandonment guidelines, and appropriate practices for fees and financial arrangements
- Ensure both clinical and technological competence needed to provide these services online
- Consult with knowledgeable colleagues, relevant statutes, applicable ethics codes, available professional standards, and legal counsel
- Participate in telehealth policy, standards, guidelines, and technology development. For example: https://www.asppb.net/page/PSYPACT

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Relevant Ethics Code Standards

- APA Ethics Code - Introduction and Applicability: "The Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions" (APA, 2017).
- ACA Code of Ethics – Standard H: Distance Counseling, Technology, and Social Media. This includes requirements on Knowledge and Legal Considerations, Informed Consent and Security, Distance Counseling Relationship, Records and Web Maintenance.
- See: https://www.counseling.org/resources/aca-code-of-ethics

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NASW Code of Ethics (2014)

- Includes standards on: informed consent for the use of technology in professional practice and policies concerning the use of technology, the need to verify the client's identity and location, assessment of the client's suitability and capacity for electronic and remote services, protection of the confidentiality of electronic records, protection of electronic communications, policies about collecting information about clients online, possessing adequate competence to effectively utilize various technologies in practice, sensitivity to social and socioeconomic differences, and compliance with relevant laws, and use of technology in research.

https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

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Have an Electronic Communications Policy

For a sample policy see:

- **https://www.trustinsurance.com/resources/articles/sample-electronic-communication-policy?ID=34&tabid=168**

- APA Telepsychology Guidelines:
- **http://www.apa.org/practice/guidelines/telepsychology.aspx**

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Uses of Telehealth

- Post-hospitalization home monitoring such as for cardiac rehab patients (Sparks, Shaw, Eddy, Hanigosky, & Vantrese, 1993) and for patients with Insulin-Dependent Diabetes (Bellazi et al., 2002).
- In Rehabilitation Psychology (Wade & Wolfe, 2005).
- In hospice care and is known as Telehospice (Kinsella, 2005).
- In the treatment of problem gamblers (Griffiths & Cooper, 2003).
- Treatment of depression in low-income, homebound, older adults (Choi et al., 2014).

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Uses of Telehealth (cont.)

- A psychoeducational and interactive behavioral Internet intervention for pediatric encopresis (Ritterband, et al., 2003).
- An online treatment program for panic disorder (Klein & Richards, 2001).
- To provide psychological and neuropsychological assessment services (Buchanan, 2002; Schopp, Johnstone, & Merrell, 2000).
- Treatment of ADHD (Meyers et al., 2015).
- Treatment of eating disorders (Shingleton et al., 2013).
- Telephone delivered CBT for pain management (Carmody et al., 2013).

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Uses of Telehealth (cont.)

- For cognitive-behavioral family intervention for improving child behavior and social competence following head injury (Wade, Carey, and Wolfe, 2006).
- Psychoeducational intervention for clients with schizophrenia and their families (Rotondi et al., 2005).
- To monitor and support medication use and treatment effectiveness through daily text messages of mood, symptom, and side effect ratings to the clinician (Elliot, 2008).
- Text messaging as an adjunct to CBT in low income populations (Aguilara & Munoz, 2011).

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Uses of Telehealth (cont.)

- Web based treatments for alcohol and nicotine addition (Memelstein & Turner, 2006).
- Web based CBT treatment of PTSD (Knaevelsrud & Maercker, 2007) and web based treatment of depression, anxiety, and symptoms of PTSD with results lasting over 18 months (Knaevelsrud & Maercker, 2010).
- Internet based CBT for social phobia demonstrating up to 30 months of improvement (Carlbring, Nordgren, Furmark, & Andersson, 2009).
- iCBT – Internet-based cognitive-behavioral therapy programs. A review of available iCBT programs and evidence base supporting their efficacy (Webb, Rosso, & Rauch, 2017).

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- A paper was presented at the 52nd Annual Association for Behavioral and Cognitive Therapies Convention, Washington, USA, November 15-18, 2018: "Internet-Based vs. Face-to-Face CBT: Systematic Review and Meta-Analysis."
- The authors are Carlbring, Per; Cuijpers, Pim; Riper, Heleen; Hedman, Erik; Rozental, Alexande; Shafran, Roz; & Andersson, Gerhard—all of Stockholm University, Faculty of Social Sciences, Department of Psychology, Clinical psychology.
- The overall results indicate equivalence, but more research on specific treatments and disorders, with larger sample sizes, is recommended.

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Benefits of Tele-mental Health

- **Increased Access to Care**

Residents of Rural Areas
The Geographically Isolated and the Homebound
24/7 Access to Care
Long Distance Consultation and Supervision
Those who might not otherwise be able to access more traditional services

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Benefits of Tele-mental Health (cont.)

Delivery of Care to Special Populations

Children, the Elderly, Prison Inmates
Native Americans and the Deaf
Symptom Monitoring of the Recently Hospitalized and Those at Risk for Hospitalization
Those who Might Not Otherwise Seek Treatment

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Tele-mental Health and the Therapeutic Alliance

A number of studies have found that the treatment alliance in psychotherapy provided via IATV is comparable to the therapeutic alliance found in in-person treatments (e.g., Cook & Doyle, 2002; Hanley, 2009; Morgan, Patrick, & Magaletta, 2008, Simpson & Reed, 2014).

But more research is needed to fully understand this and to see if different technologies promote different effects.

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E-mail, Texting, and Social Networking in American Today

- 93.9% North American adults are Internet users (Internet World Stats, 2021). (Up from 56% in 2001 – Jones, 2002).
- 81% of Americans text regularly, over 6 billion texts are sent each day, and Americans text twice as much as they call on average (The Local Project, 2021).
- 60% of adults overall use social media, 88% of 18-24 year old non-students, and 86% of college students do so (Pew Research Center, 2021a).

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Text Messaging Stats

- 18-24 year olds send or receive an average of 109.5 text messages per day—that works out to more than 3,200 messages per month (PewInternet.org, 2015).
- The average cellphone user in the U.S. sends an average of 678 texts a month (Bits.com, 2013).

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Apps

- Lui, J. H. L., Marcus, D. K., & Barry, C. T. (2017). Apps? A review of mental health mobile applications in a psychotherapy context. *Professional Psychology: Research and Practice, 48*(3), 199-210.
- Mindfulness Apps:
- http://www.npr.org/sections/health-shots/2017/10/16/557633144/mindfulness-apps-aim-to-help-people-disconnect-from-stress

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Use of Apps

- Only 2.08% (21/1009) of publicly available psychosocial wellness and stress management mobile apps discoverable to self-help seekers have published, peer-reviewed evidence of feasibility and/or efficacy. The Headspace mindfulness app had the most evidence with eight efficacy studies.

Lau, N., O'Daffer, A., Colt, S., Yi-Frazier, J. P., Palermo, T. M., McCauley, E. & Rosenberg, A. R. (2020). Science or snake oil: Systematic search of iPhone and Android mobile apps for psychosocial wellness and stress management. *JMIR Mhealth Uhealth* (Advanced Online Publication). doi: 10.2196/17798. https://www.ncbi.nlm.nih.gov/pubmed/32357125

Webinar on using apps in clinical practice:
https://www.youtube.com/watch?v=3Vwq601ZX88&feature=youtu.be

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More Information on Using Apps

Bakker, D., Kazantzis, N., Rickwood, D., & Rickard, N. (2016). Mental health smartphone apps: Review and evidence-based recommendations for future developments. *Journal of Medical Internet Research Mental Health, 3*,e7. http://dx.doi.org/10.2196/mental.4984

Marshall, J. M., Dunstan, D. A., & Bartik, W. (2019). Smartphone Technology: New approaches toward safe and efficacious mobile mental health apps. *Professional Psychology: Research and Practice, 51*(3), 214-222. http://dx.doi.org/10.1037/pro0000278

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App Recommendations

- Ask about clients' current use of apps and past experiences.
- Educate yourself about relevant apps. See PsyberGuide: https://onemindpsyberguide.org/
- Seek out research on them, consult colleagues to find out their experiences with them, and try them out yourself.
- Stay current with the rapidly changing literature on them.
- https://www.nytimes.com/wirecutter/reviews/best-meditation-apps/

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Social Media Use in 2019

- 3.5 billion users worldwide (45% of population)
- Average of three hours per day
- Facebook used by 68% of U.S. adults
  - Millennials 90.4% use social media
  - Gen X 77.5% use social media
  - Baby Boomers 48.2% use social media
- Instagram use increased from 150 million to 500 million from January 2017 to present

https://www.oberlo.com/blog/social-media-marketing-statistics

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Who Uses Social Media?

- 84% of adults aged 18-29 (Instagram, Snapchat, and TikTok primarily)
- 81% of adults aged 20-49.
- 53% of adults aged 50-64.
- 45% of adults 65 and older (primarily Facebook and YouTube).
- 72% of adults overall.
- 70% of Facebook users do so daily.

(Pew Research Center, 2021)

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Social Networking

- A wide range of Social Networking Sites exist that enable participants to share, connect, contact, etc.
- Facebook (2.7 billion) , Instagram (1.2 billion), Twitter, TikTok, YouTube, WeChat, WhatsApp, MeWe, Tumblr, Reddit, LinkedIn, SnapChat, Pinterest, Telegram. New sites are being created on a regular basis. Others drop out from competition and lack of popularity (e.g., MySpace)

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Digital Natives and Digital Immigrants

- Prensky (2001) popularized the terms "digital native" and "digital immigrant".
- Digital natives were born into and live in a world of computers and cell phones; E-mail, text messaging, and online social networking.
- Digital natives "are all "native speakers" of the digital language of computers, video games, and the Internet" (Prensky, 2001, p. 1).
- They use the Internet as a primary means of learning, communicating, and even for establishing and experiencing relationships. Their ability to maintain contact and share information is nearly instantaneous.
- Social networking sites play a key role in this.

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Digital Natives and Twitter

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Poll

- Do you participate in social media (e.g., FaceBook):
- A) In your personal life
- B) With current clients
- C) With former clients
- D) None of the above

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Counseling, Psychotherapy, and Social Networking

- Many clients participate in social networking sites in their lives and use them as a prime means of communicating, relating, and managing relationships; 72% of online Americans participate in social networking sites (Pew, 2021).
- Clients may send their counselors or psychotherapists "friend" requests.
- Challenges to clinician transparency, self-disclosure, privacy, and the nature of the treatment relationship.

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Counseling, Psychotherapy, and Social Networking (cont.)

- Potential impact of declining/refusing on the treatment relationship.
- Potential impact of accepting/friending on the treatment relationship.
- Losing the ability to have "real" relationships? What is considered "real" may be different for digital natives.
- Transitioning from the digital world to the "in-person" world.

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Implications for Counseling and Psychotherapy

- Having a Social Networking Policy
- Addressing this as part of the informed consent process
- Responding to "friend" requests from current and former clients - to respond or not; implications for the counseling and psychotherapy process and relationship.
- Boundary/multiple relationship issues

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Implications for Counseling and Psychotherapy (cont.)

- Self-Disclosure issues and the blurred line between your professional life and your personal life
- The fallacy of security settings
- Searching for client information online
- Using a client's social networking site therapeutically
- What to do with information obtained via the Internet

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To Network or Not to Network

- Participation in Social Networking sites in the clinician's personal life
- Participation in Social Networking sites in the clinician's professional life.
- Is it possible to keep them separate?
- The use of security settings.
- Therapeutic uses of clients' Social Networking sites.
- Inappropriate uses of clients' Social Networking sites and doing online searches of clients, students, applicants, and supervisees.

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Ethical Issues and Dilemmas

- Boundaries and Multiple Relationships
- Self-Disclosure and Psychotherapist Transparency
- Fidelity, informed consent, and integrity
- Clinician searches for information about a client online
- Applying to graduate school: A faculty member looks up applicants and potential interviewees online.
- Graduate student activities: A faculty member discovers a student's blog.
- Trainees: A client discovers a student clinician's personal website.

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Seeking Ethical Guidance

- In general contacts with clients and former clients online should be viewed like any other multiple relationship. "Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical" (APA, 2010, p. 6).
- With regard to boundaries and self-disclosure the APA Ethics Code "applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists... Those activities shall be distinguished from the *purely private conduct* of psychologists, which is not within the purview of the Ethics Code" (p. 2).
- See also standards on Informed Consent, Confidentiality, Avoiding Harm, Exploitative Relationships, Student Disclosures of Personal Information.

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Self-Disclosure

- Deliberate – intentional disclosure of personal information
- self-revealing: share personal information about yourself
- self-involving: share your personal reactions with client
- Unavoidable – appearance, accent, pregnancy, etc
- Accidental – unplanned reactions, incidental encounters, etc
- Inappropriate – done for the clinician's benefit; likely to be harmful to the client
- Those achieved by the client's deliberate actions – web searches of you, reading your c.v. or articles online, reading your blog, viewing your YouTube video of a family event, you doing Karaoke, etc. (Lehavot, 2007).

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Self-Disclosure (cont.)

- Self-Disclosure as a Boundary Issue
- Considering Boundaries and Multiple Relationships
- Avoiding, Crossing, and Violating Boundaries
- How to decide/factors to consider:
- Needs, goals and objectives, clinically appropriate and relevant, part of a documented treatment plan, fit with prevailing professional practice standards, consultation with colleagues when unsure

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Questions to ask when considering online disclosures (Lehavot, 2007):

- What are the costs and benefits of posting the information?
- Is there a high probability that clients will be significantly and negatively affected?
- How will the disclosure affect my relationship with my clients?
- Does the disclosure threaten my credibility or undermine the public's trust in the profession of psychology?

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Recommendations

- Make thoughtful decisions about who to accept on your friends list and thus, grant access to your personal information.
- Consider using some form of restrictions on your online profile such as private or friend-only access or a pseudonym.
- Keep in mind that whatever you share online may be available to numerous individuals and once there, it typically can't be taken back.
- Social Media Risk Management:
- https://www.trustinsurance.com/About/TrustPARMA/Risk-ManagementFrequently-Asked-Questions/Risk-Management-Social-Media?programid=1

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Recommendations (cont.)

- Consider online relationships as similar to in-person ones with clients and former clients. Don't overlook the potential impact of online relationships on the professional one.
- Remember that privacy settings are not completely private. Friending clients creates risks to their confidentiality that they may not anticipate or fully understand.

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Recommendations (cont.)

- Never access a client, student, or supervisee's personal information online without their permission. Ensure they understand the potential impact of online disclosures on the psychotherapy relationship.
- Utilize professional ethics codes and consultation with colleagues to guide decision making.
- Create a policy for the use of social networking sites, the Internet, and other technologies, and openly share this with clients as part of the informed consent process. See for example: http://drkkolmes.com/social-media-policy/

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Guidance to Follow

https://www.apaservices.org/practice/clinic/covid-19-telehealth-state-summary

- HIPPA Security Act/Federal Regulations
- State Regulations
- Institutional Policies
- Professional Standards and Guidelines (e.g. APA Record Keeping Guidelines, each profession's ethics code)
- The Role of Informed Consent and a Digital Communications Policy

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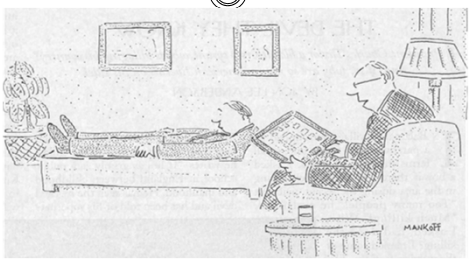
Unintended Consequences?



"*Oops! I just deleted all your files. Could you repeat everything you ever told me?*"

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Advance Healthcare Network includes an article: "US Health Information Breaches Up 137%"

More than seven million health records in the United States were affected by data breaches in 2013, an increase of 137% over the previous year, according to the annual breach report by Redspin, an information security company based in Carpinteria, California. Since 2009, there has been a rapid rise in the adoption of electronic health records in the US.

There have also been 804 breaches of health information affecting nearly 30 million patient health records reported to the Secretary of Health and Human Services, as required by law.
<snip>
The most common causes of breaches are theft or loss of unencrypted laptops and portable devices containing personal health information, stated the report. In 2013, the five largest breaches accounted for 85% of all affected health records
The article is online at:
http://bit.ly/KENPOPEReportOnDataBreachIncrease>

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"Personal info of about 15,000 NH DHHS clients accessed by patient, some posted on social media."

- Personal information from the New Hampshire Department of Health and Human Services' internal files has been posted to a social media site, Commissioner Jeffrey A. Meyers said.
- <snip>
- The information that was put out included names, addresses, Social Security Numbers and Medicaid identification numbers of those who received services before November 2015. About 15,000 clients' information was accessed, but only "a very small number" of those accounts was posted on social media, Meyers said.
- This information was allegedly accessed in October 2015 by an individual who was a patient at New Hampshire Hospital at the time, using a computer that was available for use by patients in the library of the hospital.
- <snip>
- Those who received services from DHHS prior to November of 2015 may wish to take steps to monitor their credit and bank statements. The article is online at: <http://bit.ly/KenPopeReportOfNHDHHSBreach>

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Additional Security Breaches

- "Yahoo Says 1 Billion User Accounts Were Hacked" by Vindu Goel and Nicole Perlroth. The article is online at: http://bit.ly/KenPopeReportOnYahooTheft
- *McClatchy DC* includes an article: "Health care sector gets a near-failing grade on cybersecurity" by Tim Johnson. The article is online at:
- <http://bit.ly/KenPopeReportOnHealthcareCybersecurity>
-

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- Anthem Pays OCR $16 Million in Record HIPAA Settlement Following Largest U.S. Health Data Breach in History
- Anthem, Inc. to pay $16 million and take substantial corrective action to settle potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules after a series of cyberattacks led to the largest U.S. health data breach in history and exposed the electronic protected health information of almost 79 million people.

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Additional Security Breaches

- Kryptowire ("Kryptowire Discovers Mobile Phone Firmware That Transmitted Personally Identifiable Information (PII) Without User Consent or Disclosure") & the *New York Times* ("Secret Back Door in Some U.S. Phones Sent Data to China").
- **http://bit.ly/KenPopeReportOnAndroidBackDoor**
- **Http://bit.ly/KenPopeReportingOnMobilePhoneBackDoor**
- This morning's *Computer Business Review* includes an article: "Massive data breach hits US health insurer, 3.7m customers warned" that their data may have been stolen.
- **http://bit.ly/KenPopeReportOnHealthInsurancDataBreach**

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Security

- Onsite and Offsite Backup and Storage
- For listings and ratings of different providers:
- http://www.pcmag.com/article2/0,2817,2288745,00.asp

- Encryption: the process of converting information or data into a code, especially to prevent unauthorized access.
- For listings and ratings of different providers:
- http://www.pcmag.com/article/347066/the-best-encryption-software-of-2016

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HIPAA-compliant Videoconferencing

- Many options exist for HIPAA-compliant videoconferencing. See PC Magazine for ratings and conduct an online search to learn about available options. Here is some representative information:

- **https://telehealth.org/telehealth-buyers-guide/wpbdp_category/video/**
- **https://zoom.us/healthcare**
- **https://personcenteredtech.com/2016/02/16/free-online-therapy-software-compared-usefulness-ease-security-support-hipaa/**
- **https://www.thera-link.com/**
- **https://www.securevideo.com/**
- Comparing the latest tele-health solutions:
- https://www.apaservices.org/practice/business/technology/tech-column/telehealth-solutions

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Mobile Device Security

- The Office of the National Coordinator for Health Information Technology discusses 11 steps for protecting and securing confidential health information when using a mobile device.

  Here are the basic steps:

  1. Install and enable encryption to protect health information stored or sent by mobile devices.

  2. Use a password or other user authentication.

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Mobile Device Security (cont.)

3. Install and activate wiping and/or remote disabling to erase the data on your mobile device if it is lost or stolen.

4. Disable and do not install or use filesharing applications.

5. Install and enable a firewall to block unauthorized access.

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Mobile Device Security (cont.)

6. Install and enable security software to protect against malicious applications, viruses, spyware, and malware-based attacks.

7. Keep your security software up to date.

8. Research mobile applications (apps) before downloading.

9. Maintain physical control of your mobile device. Know where it is at all times to limit the risk of unauthorized use.

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Mobile Device Security (cont.)

10. Use adequate security to send or receive health information over public Wi-Fi networks.

11. Delete all stored health information on your mobile device before discarding it.

The discussion of each of these steps is online at: http://bit.ly/KenPopeProtectingHealthInfoOnMobileDevices

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Text Messaging and Protected Health Information

- See the article: "Text Messaging and Protected Health Information: What is Permitted?" by Brian C. Drolet, M.D., published in JAMA on June 20, 2017 at
- https://jamanetwork.com/journals/jama/fullarticle/2626665
- There is no such thing as HIPPA-compliant text messaging, but there are reasonable steps we can take to avoid unauthorized breeches and to protect our clients' privacy.

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Cell Phone Security

- 20% of providers did not use a password-protected phone despite using it for calls and text messaging with patients (Elhai & Hall, 2016).
- What are the risks of this practice?
- Elhai, J. D., & Hall, B. J. (2016). How secure is mental health providers' electronic patient communication? An empirical investigation. *Professional Psychology: Research and Practice, 46*(6). http://doi.org/http://dx.doi.org/10.1037/pro0000054

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- The HIPAA Security Rule requires that we implement "appropriate administrative, physical, and technical safeguards" to prevent unauthorized breeches of PHI.
- Fines for unauthorized breeches are up to $50,000 per occurrence and up to $1.5 million per year.
- Use strong passwords, encryption, and remote deactivation capability for lost or stolen devices.

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How to Make a Good Password

- The *Wall Street Journal* includes an article: "The Man Who Wrote Those Password Rules Has a New Tip: N3v$r M1^d!" by Robert McMillan.
-
- Academics who have studied passwords say using a series of four words can be harder for hackers to crack than a shorter hodgepodge of strange characters—since having a large number of letters makes things harder than a smaller number of letters, characters and numbers.
- The article is online at:
- **http://bit.ly/KenPopePasswordGuidance**

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Tele-mental Health Resources

1) Links to 20 sets of professional guidelines that focus on telepsychology, online counseling, internet-based therapy, e-health, e-therapy, etc.
2) Citations for 52 recent (i.e., published in 2017-2019) articles
3) State Psychology Board Telepsychology Laws, Regulations, Policies, & Opinions
https://kspope.com/telepsychology.php

- https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/DSHSTelehealthGuidebook.pdf

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PSYPACT

- https://www.asppb.net/page/PSYPACT

PSYPACT PARTICIPATING STATES

Effective (18):

Arizona, Colorado, Delaware, D.C., Georgia, Illinois, Maryland, Missouri, Nebraska, Nevada, New Hampshire, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia.

Awaiting Implementation (7):

Alabama, Arkansas, Kansas, Kentucky, Minnesota, Ohio, West Virginia.

Pending Legislation (6):

Iowa, Maine, New Jersey, Rhode Island, South Carolina, Vermont.

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State Licensing Board Info on Relaxed Practice Laws:

- https://www.apaservices.org/practice/clinic/covid-19-telehealth-state-summary

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Tele-mental Health Tips

Providing tele-mental health services to older adults: https://www.apaservices.org/practice/clinic/telehealth-older-adults

Practical considerations for providing tele-mental health:

- Lighting
- Sound Quality
- Background
- Privacy/Avoiding Interruptions

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Thank You

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