



PREVENTION. CARE. RECOVERY.

Te Kaporeihana Āwhina Hunga Whara

Guidelines for the use of telepsychology in treatment of ACC clients



These Guidelines are written for ACC providers who are considering providing regular counselling or therapy to their clients using telecommunication technologies rather than traditional face-to-face treatment.

The Guidelines have been developed by ACC Branch Advisory Psychologists (BAPs). The Guidelines offer a synthesis of a range of existing guidelines from New Zealand and internationally and have been shaped to fit the ACC context.

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The focus and aim of these Guidelines

Recent times have seen the rapidly expanding use of all types of communication technologies. This has led to a parallel increase in expectations among the members of a technologically literate society to be able to use these technologies for many purposes, including the delivery of psychological therapy.

This mode of therapy, referred to as telepsychology, may be provided via media such as computers, laptops, mobile phones, video camera live feeds and other hand-held devices. Communication may be unidirectional or bidirectional and may occur in a variety of forms including telephone, email, texting, Skype, FaceTime, teleconferencing and videoconferencing.

These Guidelines are intended to provide indicators of when ACC may consider approving such methods of treatment delivery and to help providers identify:

- different risks and benefits of delivering therapy via non-direct contact
- different practical, legal and ethical issues when using these forms of therapy strategies to manage these risks if providers consider that, on balance, counselling delivered via non-face-to-face therapy is the safest, most appropriate and most effective form of treatment for their client.

Implicit in these Guidelines is the recognition that telepsychology is not simply counselling delivered differently, but a treatment format that involves many new considerations. It is essential that the services delivered via the various telecommunications media *should meet the equivalent standards of care as would be provided in a face-to-face consultation* (New Zealand Psychologists Board, 2012, p.2).

How these Guidelines relate to technology used in everyday practice

‘Telepsychology’ may technically refer to any professional psychology service that uses distance communication. However, these Guidelines don’t relate to every single time when a provider uses technology. Brief exchanges of information, for example referring a client to an online resource, texting them to arrange an appointment, or a client emailing self-monitoring forms to the provider ahead of an appointment, are all commonplace but not considered part of the telepsychology covered by these Guidelines.

These Guidelines are not intended to comment on the use of social networking or social media for private or non-clinical purposes.

ACC funding

● ACC may be able to fund our client's telepsychology if:

1. The service is:
 - purposeful, and contact between you and your client is formally arranged (ie has a clear purpose and is undertaken in a manner designed to achieve this purpose rather than being seen as a 'chat' or a 'catch up')
 - within the framework of a clear and accepted treatment plan.
2. The treatment plan including the use of distance communication technologies substantially in the place of face-to-face contact:
 - clearly outlines the clinical and/or practical rationale for the use of services via non-face-to-face contact
 - clearly identifies the risks associated with the use of telepsychology services being proposed
 - clearly outlines a plan identifying how the risks associated with the telepsychology services to be used will be mitigated
 - clearly describes how progress will be measured (eg using psychometric tests), when there is indirect means of communication, to increase robustness of assessment
 - explicitly addresses risk management issues, both those to the client and those to others, as appropriate
 - clearly describes how exposure, activation and other in vivo tasks will be facilitated.
3. The services offered will occur alongside more conventional face-to-face services and be viewed as an adjunct to those more traditional services.
4. The services offered are part of a transition to a new provider.
5. The services offered are occurring in the later stages of treatment and are part of a 'weaning off' treatment.

ACC is unlikely to fund telepsychology when:

1. Services are offered via bulletin boards, chat rooms, blogs, news groups or discussion groups.
2. Treatment and risk management plans are insufficient and do not:
 - show a clear clinical or practical rationale for the use of services via non-face-to-face contact
 - clearly identify the risks associated with the use of telepsychology services and show that these have been discussed with the client
 - provide a clear outline of how the risks associated with the telepsychology services will be mitigated.
3. Treatment plans appear to be anti-therapeutic or fostering avoidance or dependence.
4. The telepsychology is to be used with a client who has a specific disorder where it is unlikely that telepsychology would be seen as appropriate. This includes clients who:
 - have disorders involving distortions of reality and/or significant dissociation
 - have a high risk of self-harm
 - require trauma processing for sexual abuse
 - are at risk from others because of violent or abusive interpersonal relationships.

The benefits of telepsychology

Advocates of telepsychology note that these processes can have advantages in terms of increasing access to treatment and providing continuity of care when either the therapist or client moves away.

Access can be a particular issue for clients who:

- have limited mobility
- have health issues that make attending sessions in person difficult
- need specific treatment that is likely to be difficult to access in their current location
- live in remote areas
- are unable to access services within normal office hours
- would otherwise be too embarrassed or anxious to seek assistance.

Email or other text-based media creates a written record of interactions between the therapist and client, allowing easy record gathering for future reference and best practice record keeping.

Where there is a delay between communications being sent, received and responded to (eg when you email or use asynchronous communication), both parties can make a considered response before they reply.

The risks associated with telepsychology

The reviewed guidelines all strongly agreed about the risks of telepsychology. The risks were grouped broadly into the following categories: technical, ethical and clinical. These risks are described in more detail below.

1. Confidentiality

Potential risks to confidentiality include:

- **limitations associated with the security of the technology** (eg system breakdowns)
- **authorised access by someone other than the client** (eg an Internet Service Provider system administrator, a computer repair technician, or other family members who may be sharing a computer with you or your client)
- **unauthorised access to the client's computer and messages** (eg if the client's computer is hacked or stolen).

Security issues that have the potential to compromise confidentiality could occur on the client's system, the therapist's system, or both.

It may not be possible for the therapist to ensure email messages or other documents have in fact been sent by the client and not by someone else who is using the client's computer. Similarly, it may not be possible to ensure the client is safe from having their internet monitored by someone else in their home, particularly if their living situation involves domestic violence, where their time online may be screened.

It is unlikely that any client's or provider's telecommunications are being officially monitored, or that information of interest to the media, security services or other agencies might be discussed in therapy. However, recent media reports reveal that this monitoring is possible and does occur, even when there are high levels of security in place.

It is also possible for communications between a client and therapist to be used for unintended purposes (eg emails may be used by spouses in family court disputes). Even when emails have been deleted, it is still possible to access them. This can compromise confidentiality and privacy.

2. Privacy

Any form of telepsychology requires physical privacy for both the client and therapist to ensure confidentiality and to create the environment needed for concentration, focus, self-disclosure and reflection. It may not always be obvious that privacy has been compromised.

Even when the therapist has visual contact with the client, as is achieved with FaceTime, Skype and other forms of videoconferencing, these technologies provide a restricted view of the environment. It can be difficult to know who is nearby when conducting the session, whether there are any changes to this, and how the proximity of others may be impacting on the client's self-disclosure and safety.

Using technologies, such as texts or emails, can also carry significant privacy risks. A privacy breach may occur if material is incorrectly addressed, if 'email trains' are included in correspondence, if 'reply to all' is used, or if either the therapist's or the client's technology is not secure or is used by more than one user.

3. Cyber-stalking

Cyber-stalking and identity theft are also risks to clients seeking help and support online.

The Australian Department of Health review says:

Cyber stalkers can potentially copy messages and use the information to locate and/or harass a victim. A related concern is identity theft which occurs when someone uses various details about an individual to represent him or herself as that person for fraudulent or harassment purposes. Potential perpetrators include spouses going through divorce, ex-spouses and partners and former friends. These potential dangers arise for those who use online counselling without ensuring electronic privacy (2002, p134).

4. Safety issues

Using telepsychology may compromise the therapist's ability to recognise and respond promptly to any emerging safety issues, including a client's risk of harm towards themselves or others. A therapist who is in a different geographical area from the client may not be:

- aware of local services and resources that the client can access in an emergency
- physically able to arrange for crisis intervention
- able to establish where the client is in an immediate crisis requiring a duty to warn other emergency/crisis services
- able to maintain contact with the person, or re-establish contact with them, while trying to manage a crisis if technology fails (eg mobile phones go out of range or are overloaded, or internet connection is lost).

Research suggests that some psychological problems are less suitable than others for online psychological counselling. These include psychiatric disorders that involve distortions of reality, suicidal ideation, or sexual abuse, and clients who are currently in violent relationships (Australian Psychological Society, 2004).

5. Informed consent issues

There is a range of issues for telepsychology around informed consent that are not issues for more traditional counselling forms. These include:

- The cost to the client and/or the therapist may be over and above the cost of the provider's time. There may be financial costs associated with the use of the technology itself (eg the cost of data or phone plans).
- The client needs to be fully aware of the range of risks relating to confidentiality and privacy, the impact that this mode of therapy may have on treatment, and the potential limitations of the technology.

These risks and issues need to be conveyed to the client in a way that obtains their informed consent before engaging in treatment delivered via these mediums.

6. Misunderstandings and lack of or limited non-verbal cues

Much of what is conveyed in any message is communicated not only by the words used, but also by the tone, expression and body language used while conveying them. In the absence of such paralinguistic cues, there can be a risk of miscommunication and misunderstanding.

Misunderstandings can compromise engagement, risk a rupture in the therapeutic relationship, compromise the provider's confidence about the diagnosis made and the client's safety, and impact on the resolution of therapeutic relationship problems.

Mental health practitioners need to be creative and flexible when using non-direct mediums, to ensure they convey empathy and understanding. Some writers on the subject suggest that being creative and flexible is a complex task in itself, requiring additional training to navigate these issues (American Telemedicine Association, 2009).

7. Record keeping

It is important to take appropriate notes and maintain best practice record keeping and storage for all forms of telepsychology. This can be harder than it seems. The nature of electronic communication and the capacity for texts and messages to exchange informally and in short bursts create the risk for some client contact to be inadequately recorded and/or stored.

Providers engaging in telepsychology need to develop procedures to:

- store client contact information safely
- manage security issues that may arise when information is held on portable devices such as laptops, smart phones, USB sticks and portable drives

- ensure there are hard copies and/or secure back ups of information stored electronically in case computer problems make it impossible to access information stored on a hard drive
- destroy hard drives securely when technology is replaced
- ensure client information is transferred securely if the provider updates or upgrades their technology.

8. Client expectations

There is always a risk that the therapist and client may have different expectations about how telepsychology can be used.

Telecommunication can make a therapist appear more accessible to some clients. Client contacts may be sent or received at any time, and both the client and therapist may expect a rapid response to the messaging.

The client and provider may have different expectations about what constitutes a 'session' or billable time.

Forms of contact such as phone calls, emails and texts may appear casual to the extent that they are not recognised as formal contacts that need to be recorded and stored in the same way as other more overtly formal clinician-patient contacts.

9. Boundary issues

The New Zealand Psychologists Board guidelines (2012) note the potential for boundary issues to arise when using telepsychology. These can come from the reduced cues, the perceived anonymity when there is no visual awareness of the other person, and the perceived casualness of this contact between a client and their therapist.

Particular issues to aware of include:

- Professional boundaries may erode when sessions take place in less formal environments (eg at home), where the therapist or client is more casually dressed, or when engaging in other less formal behaviour (ie either party engaging in behaviour that they would not do if they were face-to-face, for example doodling).
- The therapist may have little control over where telepsychology sessions take place, and clients may attempt to engage in sessions from more public settings where there is free internet access or from places that would usually be considered inappropriate (eg their bedroom).
- The reduced cues and apparent anonymity of some forms of telepsychology may increase the possibility of fantasy or transference/countertransference issues. These issues can be difficult to detect.

- If the client is in their home for the session, there can be a risk that their home environment takes on some abuse-related associations or triggers, when it should be seen as a place of safety and refuge.
- Sessions conducted in less formal settings are also more likely to be derailed by distractions. The client may attempt to do other things at the same time as participating in the session, or be distracted by other people in their environment (eg children are in the next room).
- Telepsychology that occurs without visual contact between the client and clinician creates a perception of anonymity that may make some clients prone to more disclosure than they would typically engage in when seeing a clinician face-to-face. There may be some desirable aspects to this, but some clients may later regret these disclosures because they have occurred before a trusting therapeutic relationship has been established and this may promote disengagement.
- The ease of contact may inadvertently lead the client to depend on the provider as a 'crutch'. This can delay or prevent them from using or developing their own resources and support networks.
- Negative transference may also emerge when the therapist does not respond to very familiar forms of contact (eg texting, phone calls) in the way that others in life do.

10. Other clinical issues: dependence and avoidance

The use of telecounselling creates the possibility that clients can continue to work with a provider under circumstances where this would not be possible if physical contact was required. These circumstances include but are not limited to the client or provider relocating, including relocations internationally, or going on vacation.

When traditional face-to-face counselling ends because either the client or therapist relocates, this typically prompts:

- a review of the client's treatment and progress to date, in which decisions are made about what further work, if any, is required
- a process of handover to the new provider.

These circumstances have been seen as opportunities for clients to utilise new skills for self-reflection, for managing distress, for responding appropriately to anxiety and grief with support, and for appropriately terminating old relationships without hostility and a sense of rejection. They also allow clients to use new skills for optimism about their ability to build trust and work with someone new.

Some clients' clinical presentation will include significant features of avoidance, dependence, or a black and white/all or nothing view of themselves, others and the world. This may lead them to explore telepsychology options with their existing provider. Risks emerge, however, when decisions about continuing treatment using

telepsychology inadvertently strengthen the client's dependence on the provider or reinforce their avoidant coping styles.

11. A negative impact on in vivo skill acquisition/training

Face-to-face sessions offer the opportunity for the client and therapist to do in vivo practice of new skills, such as those for managing anxiety, combating avoidance, processing trauma and coping with distress. These may include a range of interventions including but not limited to:

- mindfulness training
- relaxation training
- trauma processing
- role play
- Eye Movement Desensitisation and Reprocessing (EMDR)
- exposure and response prevention
- a range of other behavioural experiments.

This in-session practice of skills is less straightforward when the therapist is unable to observe the client practising the skills, and therefore is unable to coach or titrate sessions using non-verbal cues. Behavioural reactions such as dissociation, disconnection and agitation can also be less obvious.

These issues may be less relevant when sessions are focused on support, a review of a relapse prevention plan or maintenance. However, there may be significant impact when clients are in Phase Two trauma processing work (ACC, 2008).

Strategies to manage these risk factors

All the guidelines reviewed outline some of the ways risks can be mitigated.

1. At the very least, a provider needs to:
 - clearly and carefully assess the client, their presenting issues and their treatment needs
 - understand presenting problems that are not widely considered suitable for treatment via non-face-to-face interventions
 - carefully consider whether comparable face-to-face services are available and why services delivered via telepsychology are equivalent or preferable
 - give clear evidence that they have conducted an assessment of the environment in which both they and the client will use the technology
 - provide a clear cost-benefit analysis of both options.
2. The provider should have sound technical knowledge of and competence in the use of the telecommunication modes that are being used. The provider may also need to get appropriate advice from technology experts to make sure their computer-based storage, transfer and disposal of information are secure.
3. The provider and client should have clear, written consent that outlines the technical, ethical and clinical risks around the technology being used and how these risks will be mitigated. This includes:
 - plans for addressing issues such as clinical safety in emergencies
 - plans for addressing misunderstandings
 - clarification of provider availability and likely response time to client contacts
 - plans for ensuring privacy and confidentiality both during contacts and of the records of these contacts
 - clear identification of the limits of confidentiality
 - clearly negotiated fees for services, with very clear specification of what contacts will be billed for.

4. The provider and client will have an arranged process for mitigating any risks for harm to self and others, including identifying local providers who can offer assistance if the person experiences a crisis.

Providers should be aware that telepsychology requires different skills from face-to-face counselling and is not simply face-to-face counselling delivered differently. Providers should consider whether there is adequate evidence of effective treatment occurring when the therapy is delivered using telepsychology.

If after having given consideration to the above issues the provider considers that there is benefit to delivering treatment using telepsychology, they may apply to ACC to deliver treatment in this manner.

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