ETHICS & TECHNOLOGY

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OBJECTIVES

1. Identify Nebraska executive orders for changes due to COVID-19
2. Identify best practices in tele-health
3. Challenges and opportunities created through tele-health
4. NASW code of ethics technology standards and code of ethics
What mental health discipline do you most closely identify with?

- SOWK
- Counseling
- Marriage and Family Therapy
- Human Services
- Other
Are you licensed as a mental health or substance abuse provider in Nebraska or Iowa?
me and my coworkers logging into all of our meetings remotely for the next couple of weeks
Here's Sue. 31 years old, home schooling her kids for the last 5 days. Great job Sue. Keep it up.
COVID-19 EXECUTIVE ORDER 20-10

Licensing Update:
Continuing Education
Examination
Renews moved to Dec 31, 2020

http://dhhs.ne.gov/licensure/Documents/ContCompWaiverInfo.pdf
http://dhhs.ne.gov/licensure/Pages/Mental-Health-and-Social-Work-Practice.aspx

On 3/27/2020 and 6/18/2020 Pete Ricketts, Governor of the State of Nebraska, signed an Executive Order which suspends or defers several statutes and their implementing regulations from the Uniform Credentialing Act relating to specific health care providers in Nebraska. The Department has created Frequently Asked Questions (FAQs) to assist with questions you may have relating to this Order.
SEPTEMBER 2020 LICENSE RENEWAL

- **License Renewals:** Renewals are currently on hold per Executive Order 20-10; no renewal notices (postcards) will be sent out at this time. However, we will be extending the expiration dates of all licenses from 9.1.2020 to **12.31.2020**. This expiration date may need to be adjusted if the state of emergency continues longer than anticipated.

- When the state of emergency is lifted, the Licensure Unit will send renewal notices to licensees; licensees will then have 90 days to complete their renewal and pay the renewal fee. Continuing education is required unless the licensee meets one of the waivers. Click here [http://dhhs.ne.gov/licensure/Pages/Mental-Health-and-Social-Work-Practice.aspx](http://dhhs.ne.gov/licensure/Pages/Mental-Health-and-Social-Work-Practice.aspx) for more information.

BURNING QUESTIONS

- 32 CEUs
- You will no longer receive a wallet card, BYOP
- Renewal is every 2 years
  - Paper renewal is available
  - Online is the most likely option
  - Be sure to READ THE DIRECTIONS
- Log in/ log out/ log in/ log out/ log in/ log out – for 3 credentials
- The system is “sensitive”
CEUS

- 32 total (2 must be ethics)
- Typically 20 can be “home study” for LMHP, 15 can be “home study” for social workers
- During the state of emergency all can be online
- Check out these links:
  - Dhhs.ne.gov/nrenew
- **LIMHP**: Removed the time period that hours must have been earned (removes the not less than 2 no more than 5 years)

- **MHP/LMHP**: Reciprocity-has been in active practice in the appropriate discipline for at least five years following initial licensure or certification in another jurisdiction and has passed the Nebraska jurisprudence examination.

- **PLMHP**: Removed the requirement to register a supervisor as part of the application. Review the instructions on the application.

- Effective 7-19-2018
Changing the definition of major mental illness

- Very important for scope of practice, billing, and practice patterns for IMHP.
Number of Licenses in Nebraska
2018 vs. 2020

<table>
<thead>
<tr>
<th>Profession</th>
<th>May 2018</th>
<th>June 2020</th>
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</thead>
<tbody>
<tr>
<td>LIHMHP</td>
<td>2141</td>
<td>1731</td>
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<tr>
<td>LMHP</td>
<td>2702</td>
<td>2562</td>
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<tr>
<td>CPC</td>
<td>993</td>
<td>989</td>
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<td>MFT</td>
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<td>106</td>
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<td>939</td>
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<tr>
<td>CMSW</td>
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<td>33</td>
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<tr>
<td>PLMHP</td>
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<td>988</td>
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<tr>
<td>PCMSW</td>
<td>263</td>
<td>349</td>
</tr>
<tr>
<td>CSW</td>
<td>625</td>
<td>626</td>
</tr>
</tbody>
</table>

May 2018 ▶ June 2020
WHAT IS TELE-HEALTH?

- Tele-health may be part of a broader spectrum of care—that of e-mental health (e-MH or e-BH) (Hilty et al., 2015), which has been defined as “mental health services and information delivered or enhanced through the Internet and related technologies” (Christensen et al., 2002).

Problems with the research:

- Term used to describe tele-health varies: Tele-health, e-therapy, e-behavioral health,
- Definitions vary
- What is it exactly?
EXAMPLES OF TELE-HEALTH

- Care Coordination provided electronically
- Therapy by email
- Therapy by phone
- Therapy by text messaging
- Therapy by video conferencing
- Multi-disciplinary consultation via electronic means
- Recording of client vitals electronically
- Video observation of a client in their home
- Augmented Reality Therapy
- Therapy provided through use of an “avatar”

- Symptom tracking tools
- E-Group therapy
- Electronic records
- Chat Rooms
- Apps
- Self-help blogs
IS TELE-HEALTH AS EFFECTIVE AS FACE-TO-FACE?

- Studies show that tele-health outcomes are similar to in-person care across populations, ages and disorders (Hilty et al., 2013).
- More randomized controlled trial research is indicated for specialty populations (e.g., child and adolescent, geriatric and cultures) (Hilty et al., 2015).
- Client ratings of satisfaction with psychotherapeutic interventions and therapeutic alliance in treatment are comparable between tele-health and in-person delivery (Jenkins-Guarnieri et al., 2015).
- Meta-analysis of articles indicates that e-CBT is as effective or more effective than face-to-face when delivered through e-practice (Lou et al., 2020).
Do you think that providing services virtually is as effective as face to face?

- Yes
- No
- Sometimes
How do I know if tele-health is right for me… and my clients?
As part of your assessment, determine the following:

- What technology works best for the client? Or is in-person therapy the best option?
- What is the best way to align the technology to meet the needs of the client?
- What training do I need in order to deliver the services through the best mode of delivery?

(Hilty et al., 2017)
ASSESSMENT AND BEST PRACTICES

- How do I safe-guard against any unintended bad outcome as a result of the mode of delivery?
  - Example:
    - Internet goes out,
    - Client computer is not working,
    - Safety risks that therapist is not able to assess or treat via the mode of service delivery
    - What is the plan?
Reay’s Equivalency and Patient Protection Model

- Social Work Ethics
- Patient Safety
  - In-Person
  - Tele-Health

Competency Regardless of Setting
- Knowledge of Laws, Regulation, and Ethical Codes
- Consideration for Boundaries, Limits, and Scope of Practice
In order to be competent it is necessary to be up-to-date on the use of evidence to inform your practice

- What interventions are proven to be effective to treat the client’s condition?
- Examples provided:
  - (PracticeWise Blue Menu, California Clearinghouse etc) [https://www.cebc4cw.org/](https://www.cebc4cw.org/)
QUESTION

- Where do you find up-to-date resources about how to do your job?
  - CEU opportunities
  - Specialized trainings
  - Resources you follow on-line that post updates to practice
  - Insurance companies
  - State and federal resources
  - Professional association
  - Employer

- If you have a great resource, please share in the “Q and A”.

COMPETENCE

- Scope of practice
  - Do you have education and training to perform the interventions?
  - Appropriate use of CEU opportunities
- Fitness to practice
  - Are you well enough to perform the interventions required?
    - Overall health and wellness, compassion fatigue, substance abuse issues, “self-care”
**COMPETENCY: BEST PRACTICES IN TELEHEALTH**

**Behavioral Health Education Center of Nebraska (BHECN)**

Telehealth Training Module

https://www.unmc.edu/bhecn/education/telehealth/telehealth-module1.html

This interactive one-hour module includes information on telehealth evolution, its current use, behavioral telehealth service delivery, telehealth etiquette, best practices, and basic skills necessary to navigate a telehealth platform.

**SAMHSA-HRSA Center for Integrated Health Solutions**

Telebehavioral Health Training and Technical Assistance

https://www.integration.samhsa.gov/operations-administration/telebehavioral-health

This six-session training provides practitioners with the tools and resources necessary to identify and implement a telebehavioral health program. Sessions include: laying the groundwork, reimbursement and engagement, partnerships and financing, technology and logistics, implementation, and launch and refinement. Upon completion, practitioners will be able to identify one or more telebehavioral health service models that are clinically appropriate for their organization, engage stakeholders necessary to successfully establish services, and coordinate activities with pertinent local, state, and federal partners.
001. SCOPE AND AUTHORITY. These regulations govern the licensing of independent mental health practitioners, mental health practitioners, and the associated certifications of social workers, master social workers, professional counselors, and marriage and family therapists set out in Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 38-2101 to 38-2139 of the Mental Health Practice Act and the Uniform Credentialing Act. A person who provides mental health services, regardless of the how such services are delivered, to a client present in Nebraska at the time of service, must hold a current appropriate credential that was issued by the Department.
Most professional codes are divided into sections and set ethical practice standards for discipline.

State licensing boards establish the minimum criteria or standards for competence for practice in the state.

State boards regulate practice-public protection standards.
ETHICAL CODES

- NASW-National Association of Social Workers
- AAMFT-American Association of Marriage and Family Therapists
- ACA-American Counseling Association
- NOHS-National Organization of Human Services

- All have similarities and differences based on discipline
QUESTION

- Which is the most concerning ethical consideration in this video?

- Confidentiality
- Engagement
- Competence
- Conflict of Interest
BEST PRACTICES IN TELE-HEALTH

- Engagement: What are the best practices to engage with clients with no visual? (Phone, text, email)
- Prepare client for appointment-cheat sheet
- Assessment: How do you address non-verbal?
- Safety: How do you assess for safety?
- Treatment: What treatment is provided and how do you provide it verbally and non-verbally?
Confidentiality Complications with tele-health

- The “ends”
- What issues do you see with where you are located and where the client is located?
- If providing tele-health from your home?
  - What are the confidentiality issues?
  - Are you in a secure location? Is the client?
CONFIDENTIALITY

- If providing tele-health from your phone?
  - What are the confidentiality issues?
  - What if you leave your phone in the bathroom of a public place?
  - How do clients know your “off” hours?
  - What is your after hours procedure?
  - What expectations are you placing on yourself for checking messages and responding?
The biggest challenges in providing services virtually is:

- Engaging with clients
- Providing effective treatment
- Getting the technology to work
- My own fatigue from staring at a computer all day
- Client fatigue during the session
- I do not have challenges with providing services virtually
- Other
BEST PRACTICES IN TELEHEALTH

If you have ever used tele-health to work with patients/families/clients, use to “Q and A” box to tell us what tips you have for best practices in tele-health?
“It’s for your own good. You’ve got to stop touching your face.”
They told me to
SCAN this laptop to
remove virus

Read the Code of Ethics

Approved by the 1996 NASW Delegate Assembly and revised by the 2017 NASW Delegate Assembly

The NASW Code of Ethics is intended to serve as a guide to the everyday professional conduct of social workers. This Code includes four sections:

- The first section, "Preamble," summarizes the social work profession's mission and core values.
- The second section, "Purpose of the NASW Code of Ethics," provides an overview of the Code's main functions and a brief guide for dealing with ethical issues or dilemmas in social work practice.
- The third section, "Ethical Principles," presents broad ethical principles, based on social work's core values, that inform social work practice.
- The fourth section, "Duties and Responsibilities," outlines specific ethical standards to guide social workers' conduct with clients and their associates.

Revised Code of Ethics

The revised Code of Ethics includes 19 changes that address ethical responsibilities when using technology. All social workers should review the new text and affirm their commitment to abide by the Code of Ethics.
Now goes beyond being a competent practitioner
- Competence in the technology being used (limitations to protecting client info?, making clients aware of those, etc.)

Consider cultural awareness
- Do clients have basic access to things such as a computer, internet, etc.?
- If not, what is our responsibility?
  - Appropriate referral
Providing services to clients when you are licensed in a different state

- Many states are developing regulations on this
- SW responsibility to know what their own state says about practicing in another state, as well as what the other state’s licensing regulations are
CONFLICTS OF INTEREST AND TECHNOLOGY (1.06 E, F, G, H)

- Social Media
  - Privacy settings
  - Policies that are very explicit in explaining this to clients
Social Worker should take reasonable steps to protect confidentiality
- Develop policies about how you will handle it if there is a breach of client info
- Social Worker’s obligation


