

Service Opportunities and Challenges: The Convergence of Ethics and Telebehavioral Health

By Mita Johnson, EdD, LPC, MAC, SAP, CTHP II, NAADAC President-Elect, NAADAC Ethics Committee Chair

One day in 2019, everything changed, and the world progressively woke up to the domino effects of living and dying with a novel coronavirus (COVID-19). Unfortunately, that reality reminded us of the potential for emergencies and disasters to affect some populations more significantly than others. Our clients – those struggling with substance use disorders (SUDs) and co-occurring mental health disorders - are particularly vulnerable to the challenges experienced on all fronts during emergencies: physical, mental, social, environmental and SUD. Our clients are at greater risk of having serious, if not fatal, health outcomes if they are exposed to a viral outbreak like COVID-19. During times of isolation, many clients experience mental health disorders, such as depression, anxiety, paranoia, and PTSD, more intensely, which can lead to relapse, recidivism and alternative substance use as a way of coping with uncertainty and loss. It is during times such as these when our clients need more access to services, not less. What we are witnessing right now is that the e-delivery of addiction-related services is an opportunity to increase access to service providers, and with opportunities come challenges to be mindful of.

“Telebehavioral health services” refer to the use of electronic technologies (e.g., phone, emails, videoconferencing, social media, and chat and text messaging) for delivering distance behavioral health services including intake and assessment, treatment, and recovery support. Principle VI of NAADAC’s Code of Ethics speaks to e-therapy, e-supervision and social media. It states that:

Addiction Professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical and legal considerations specific to technology, social media, and distance counseling.

Offering distance and e-services is a benefit to many clients who would otherwise not be able to access care and support. So, what do we, as addiction professionals, need to research and address if we are considering offering e-services to their clients to protect the clients from harm and to protect ourselves from practice violations? All current rules, laws and ethics codes for traditional modalities of service provision apply to e-delivery, but they are not enough. I would like to offer the following preliminary checklist for your consideration:

- Does the provision of e-services fall within your scope of practice**, as determined by education/training and skills development through supervised experience? Do you have certifications or credentials that demonstrate that technology-based service delivery is within your scope of practice?
- Have you discussed e-service delivery with your client?** What are their concerns? Does the client have access to equipment already or would they have to obtain equipment? Is your client comfortable



with technology? Have you informed the client that they can refuse to engage e-therapy or e-support services? Technology is not for everyone. What extra costs are associated with e-services that the client will have to bear?

- What are the licensing and regulatory laws where you are licensed**, regarding the e-delivery of services (intrastate and interstate)?
- What are the licensing and regulatory laws where the client is located** at time of e-delivery, specific to intrastate and interstate e-services?
- How have you determined the actual location of the client** at the time of e-service delivery?
- How have you determined or confirmed the identity of the client** at the time of service? For example, for a person using emails, texts or phone – how do you know who you are conversing with?
- What are the guidelines provided by your Professional Code of Ethics** regarding e-services?
- Do you have a signed Informed Consent** with the appropriate mandatory disclosures?
- Do you have a separate, signed Technology Informed Consent?** This informed consent would discuss privacy, confidentiality, mandatory reporting, what to do when technology issues arise, how crises will be handled, etc.
- Have you had a conversation about the lack of privacy and confidentiality** inherent in using technology?
- What HIPAA requirements are you required to adhere to** when providing e-service? What about 42 CFR Part 2?
- Are you planning to record the session?** What are the legalities and codes specific to recording? How will you store the recording? How will it be protected? How and when will it be disposed?
- Can the client record the session?** Can the client invite a family member or other person to sit in room and listen to/attend session?

- ❑ **What documentation will you be keeping** related to all e-services? Are you keeping all texts, emails, chats, etc. in the client's folder as part of the client's file?
- ❑ **What is your back-up plan for technology failures?** For example, if the internet crashes, will you both get on the phone to finish the session?
- ❑ **What are your emergency management protocols?** What is your emergency response plan? Do you know who to contact locally in the event that you need to report a client emergency? Do you have emergency contact information for the client? Dialing 911 is not an emergency response plan.
- ❑ **Do you both have a neutral environment within which to connect?** What are environmental constraints? Are there ambient sound issues? How is privacy maintained? Are headsets available? Is there a door to the room that can be closed and locked? What does lighting look like in the room? Can you see the client's face clearly? Can they see you clearly?
- ❑ **What does your room background disclose about you?** Do you have access to a virtual background? Sitting on a bed is not a professional method of service delivery. Eating while in session with a client is not a professional method of service delivery.
- ❑ **What modalities are suitable for using in an electronic platform?** What modalities are not suited for using electronically?
- ❑ **Which mental health and substance use disorders are suitable for treating using an electronic delivery?** Which SUDs and mental health disorders are not suitable for treating using an electronic delivery?
- ❑ **Can you determine and how would you determine if the client was sober during the e-session?** How would you handle it if they appeared impaired?
- ❑ **Can you do a mental status exam using e-services?** How would you go about doing it?

Please know that NAADAC and the NAADAC NCC AP Ethics Committees are here to help in any way we can during these challenging and unprecedented moments in history. We stand behind all addiction service providers along the entire continuum of care, and their desire to help clients and community members in need who are experiencing the effects and after-effects of emergencies, disasters and pandemics. Together, we have the tools and resources to be a meaningful source of support and hope.



Mita Johnson, EdD, LPC, LMFT, LAC, NCC, ACS, MAC, SAP, CTHP II, has degrees in biology, counseling, and counselor education and supervision. She is a core faculty member at Walden University's School of Counseling Master's program. She became interested in the field of addictions when she discovered that the majority of her clients were dealing with co-occurring mental health and substance use disorders. She is NAADAC's President-Elect and Ethics Chair. She is a member of NAADAC's Colorado state affiliate, CAAP, and serves on regulatory and professional boards and committees. In 2016, she submitted a complete revision of the existing NAADAC Ethics Code for approval. She has been working as a clinician for 30 years and currently maintains a private practice where she provides counseling, training, clinical supervision and consultation. She has been very engaged in telehealth practices over the last five years, including the development of ethical codes and practice considerations for safe distance service provision.



TELEHEALTH SUPPORT



As we all navigate recommendations regarding physical distancing, NAADAC wants to ensure that you have the tools you need to provide the best possible prevention, treatment, and recovery support to the clients you serve.

To help you provide your services to your clients remotely, NAADAC is offering members:

- A free telehealth preparation quiz;
- Discounted access to a telehealth platform service (members can try the service for free for 90 days!);
- And webinars and other educational materials regarding utilizing telehealth in your practice.

Visit www.naadac.org/telehealth for more information.