

# Revista Românească pentru Educație Multidimensională

2016, Volume 8, Issue 2, December, pp. 21-  
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## Ethical Use of Electronic Media in Social Work Practice

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Doi: <http://dx.doi.org/10.18662/rrem/2016.0802.02>

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EBSCO, ERIH PLUS, CEEOL, DOAJ,  
Ulrich Pro Quest, Cabell, Index  
Copernicus, Ideas RePeC, EconPapers,  
Socionet, Journalseek, Scipio

# Ethical Use of Electronic Media in Social Work Practice

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**Abstract:** A growing number of individuals worldwide rely on the internet to access information and to facilitate communication. A large proportion of these users use social media specifically to obtain health-related information. Health care providers and mental health care providers, including social workers are increasingly relying on the internet to provide information to clients/patients, to seek advice about patients, to provide mental health treatment, and as part of an ongoing supervisory or consultant relationship. Research suggests that on-line counseling may overcome geographic barriers to obtaining mental health care, facilitate disclosure of higher levels of personal information sooner, and permit the establishment of a therapeutic alliance. However, significant ethical and legal issues are associated with the use of electronic media in social work practice. Ethical issues relate to notification to the client of the risks and limitations inherent in the use of on-line therapy, potential breaches of confidentiality, and limited ability to address crisis situations. Legal issues arise when a social worker is practicing via internet in a jurisdiction in which he or she is not licensed. Suggestions are offered to address these issues.

**Keywords:** social work practice, ethics, electronic media, on-line counselling;

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## 1. The Use of the Internet for Health-Related Issues

The numbers of individuals who use the internet for any reason is large and growing. Recent surveys suggest that 34.3% of all individuals worldwide and 77% of all adult Americans now utilize electronic mechanisms for communication (Internet World Stats, 2013; Pew Research Center, 2014). Social media use is widespread. This use includes Twitter, Wikipedia, blogs or microblogs such as Twitter. Content communities such as YouTube, social networking sites such as Facebook, and virtual gaming or social worlds. In 2012,

- 72% of adult internet users looked for support and healthcare information online;
- 67% of internet users used social media for any purpose; and

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- 26% of internet users used social media specifically for health-related issues (Fox & Duggan, 2013).

## **2. Using the internet with clients**

Health care providers, including mental health care providers, utilize various forms of electronic media to communicate with their colleagues and to provide services to their patients/clients. These communications may be for the purpose of providing information to the client, to provide mental health treatment, to seek advice regarding a particular situation or specific client, and/or as part of an ongoing supervisory or consultation relationship. Electronic media may be utilized for one or more of several reasons that include:

- Decreasing barriers to access caused by geographic isolation
- Locating a provider that would not otherwise be available due to language differences
- Overcoming difficult travel logistics
- Facilitating access to services for people with mobility challenges
- Increasing convenience to clients and
- Reducing the time needed for contact with the therapist through the use of adjunctive computer-based approaches (Tate & Zabinski, 2004).

### **2.1. Approaches to on-line connecting for mental health**

There are numerous approaches available to connect on-line for the purpose of mental health-related communication and treatment. To some extent, the mechanism used will depend on whether the social worker and client already have an existing relationship. As an example, a social worker and client who already have a face-to-face relationship may utilize e-mails or text messages to communicate.

Connecting with a therapist on-line only is often referred to as e-therapy, web counseling, online counseling, cybertherapy, webcounseling, and computer-mediated psychotherapy. An informal survey conducted by Metanoia, a nonprofit clearinghouse for mental health websites, found that 90% of on-line clients felt that they had been helped and many went on to use face-to-face therapy (Metanoia, 2001a, 2001b). On-line clients have reported that they feel less self-conscious, less inhibited, and better able to express themselves on-line (Hamilton, 1999).

## **2.2. Comparing in-person and on-line counseling**

Compared with in-person therapy, on-line communication lacks the nonverbal cues that are available. On-line counseling may have a disinhibition effect so that people may say things on-line that they would not say in person. The levels of affect in on-line communication may exceed those in face-to-face therapy through the use of various fonts, text sizes, colors, and punctuation.

Research findings indicate that both adults and children are more likely to disclose higher levels of personal information sooner on a computer than in face-to-face situations. Additionally, the level of a working alliance that can be created through an on-line counseling relationship may be comparable to those established through in-person counseling relationships (Cooke & Doyle, 2002).

## **2.3. Considerations for using on-line counseling with clients**

On-line counseling can be used successfully with individuals seeking personal growth and fulfillment; adult children of alcoholics; individuals with body image, guilt, or shame issues; and persons with agoraphobia, anxiety disorders, or social phobias. Crisis situations should not be treated on-line. These include situations involving suicidality or disordered thinking, and borderline personality disorder. It is also inadvisable to utilize on-line counseling where there are specific diagnostic requirements.

The use of electronic mechanisms for counseling raises significant ethical and legal issues. First, the communications must be secure, such as through encryption and the use of computer passwords (Alleman, 2002). The client must identify him- or herself and provide an alternative means for emergency contact. This is particularly important in situations that do not initially appear to involve a crisis, but become a crisis. For example, an internet therapy client might initially indicate that he is only mildly depressed, but it later becomes clear during the e-session that he is contemplating suicide and has a means to carry it out.

The therapist must pay careful attention to the informed consent process. The therapist must disclose to the client all known limitations and difficulties that are involved in on-line counseling. The client should formally acknowledge and agree to these limitations. The client must also be made aware of the identity of everyone at the therapist's site who has access to any electronic messages or recordings.

On-line therapy raises several critical legal issues. First, the therapist should refrain from commenting on the competence or skills of any other therapist, colleague, or organization. Such comments may do a disservice to the client, the other professional and/or the organization and could potentially lead to legal liability for the therapist making such statements. Second, the therapist may be considered to be practicing without a license if he or she is licensed in one jurisdiction, but is offering therapy to a client located in a different jurisdiction. As an example, if a client is in Romania but the therapist is located in France and holds only a French license as a social worker, would he therapist be considered to be practicing without an appropriate license by providing therapy via the internet to the client located in Romania? Third, the client's identity may not be verifiable. A 13-year old client, for example, might pose on-line as an 18-year old. Even counseling via Skype may not solve this issue, as there is no way to verify that the client is who he or she says he or she is. Fourth, mental health providers may unwittingly stray outside of the scope of their practice, thereby unintentionally increasing the risk of harm to their client.

Finally, the social worker must have readily available a listing of resources that might be accessible to the client if he or she indicates a desire for other services and/or if the client is in crisis. Consider again the situation involving the social worker located in France and the client located in Romania. If the Romanian client evidences a desire to kill himself, does the therapist based in France know where to refer the client for additional services in Romania? Does the social worker in France have a phone number for an entity in Romania that can intervene to prevent the client's suicide? This capability is critical in order to safeguard the client.

In sum, it is recommended that the social worker who will be providing counseling services on-line develop competence and guidelines in the following areas:

- The handling of client emergencies
- Documentation of each session
- A statement for clients regarding the limits of confidentiality
- An explicit specification of what kinds of services are offered and what are not offered
- A disclosure regarding the limitations of on-line therapy.

### **3. Using the internet for professional consultation, supervision, and support**

Clinical supervision is a collaborative process that occurs between a more experienced and skilled supervisor and a lesser experienced novice in the field (Barnett, 2011). The novice or apprentice, in this case a social worker, seeks to develop the competencies that are required to engage in successful clinical practice. It is a process that involves “observation, evaluation, feedback, the facilitation of knowledge and skills by instruction, modeling, and mutual problem solving” (Falender & Shafranske, 2004, p. 3). Clinical supervision is critical to the training of mental health professionals (Barnett, Cornish, Goodyear, & Lichtenberg, 2007; Romans, Boswell, Carlozzi, & Ferguson, 1995).

In contrast, a consultative relationship is not supervisory. The relationship is frequently one between two colleagues of roughly similar experience and knowledge. The consultation is undertaken for the benefit of the client(s), to ensure that the treating therapist has not inadvertently missed an issue or to seek alternative approaches to a particular situation presented by a client. Additionally, should a client suffer harm, the potential legal implications of a consultative relationship may differ markedly from those of a supervisory relationship.

#### **3.1. Internet mechanisms for clinical supervision and consultation**

Traditionally, the supervision or consultation process has occurred on a face-to-face basis between the mental health provider and the provider who is seeking either supervision or consultation. As technology has developed, and as professionals’ comfort level with it has increased, the use of technological means for supervision and consultation has grown. Tools such as telephone and fax are commonly used to augment the supervision and consultation relationships (VandenBos & Williams, 2000). VandenBos and Williams reported in 2000 that two percent (2%) of the 596 supervising psychologists who participated in their study had utilized the internet to satellite technology for supervision purposes.

Internet communications can be effectuated via e-mail, chat rooms, instant messaging, videoconferencing programs, and videoteleconferencing systems. The communications may be utilized

*to obtain or provide consultation to or from colleagues; for the provision of clinical supervision across distances; and to offer psychotherapy and supervision training in situations where in-person training is not feasible as*

*well as when the use of various technologies may enhance the quality and effectiveness of the in-person training provided* (Barnett, 2011, p. 103).

Mechanisms such as e-mail are asynchronous, in that they allow instant delivery of a message, but the response to such messages may be time-delayed at the discretion of the recipient. In contrast, chat rooms and instant messaging are synchronous, permitting users to respond to each other in real time. Videoteleconferencing, such as through Skype or OOvoo, allow the supervisor or consultant to observe a session between the social worker and the client in real time. Face-to-face consultation/supervision may occur immediately following the client's departure from the session or through messaging during the actual session (Neukreg, 1991; Smith, Mead, & Kinella, 1998).

Internet consultation offers several advantages. It may help to increase access to specialized professional training not otherwise available due to financial or geographic considerations. It enhances and extends the social worker's professional network. Opportunities for consultation are enhanced due to the associated flexibility with time and place. It may enable an individual to obtain supervision or consultation from a professional who has greater familiarity with the client's culture or understanding of the client's language (cf. Kranz, 2001). E-mail, in particular, may facilitate self-disclosure, ventilation, and externalization of problems and conflicts and promote self-awareness (Barak, 1999).

Internet supervision or consultation may also occur in groups. Strategies include chat rooms, on-line forums, and listservs (Meier, 2000). Listservs have been found to provide support for social workers dealing with family-related and job-related stress. However, it may be difficult to develop group cohesion using asynchronous mechanisms.

### **3.2. Ethical concerns relating to on-line consultation and supervision**

Just as with the use of the internet to provide therapy to clients, the use of the internet for consultation or supervision also raises ethical and legal issues. Primary among these are confidentiality concerns.

In the past, records relating to clients were generally safeguarded by limiting access to the records, storing the information in locked cabinets in locked offices, and minimizing their inadvertent transmission to others through the use of mail and fax. Such records were generally stored for a

predetermined period of time following the cessation of the therapeutic relationship and then destroyed by burning or shredding them.

Many therapists now rely on computers and iPads to record their process notes, or even the note taking feature on their iPhones. Backup copies may exist on flash drives or in the Cloud. Such storage strategies require the development of safe passwords, the use of screensavers, and the use of an internet security system. Unfortunately, computers may be hacked and flash drives stolen.

The client must be advised that the on-line therapist may seek consultation or supervision regarding the issues that the client presents. If the therapy with the client is being conducted face-to-face, this can be accomplished with a written informed consent document that is part of the consent process. If the entire therapeutic relationship is on-line, the therapist can advise the client that consultation or supervision will occur and ask for the client's oral consent to proceed. The therapist may wish to record such on-line consents. In either case, the informed consent should include notifications to the client that:

- The therapist will consult with a more experienced therapist during the course of the client's therapy;
- All or part of the consultation or supervision will occur through electronic means, which may include one or more of the following: e-mail, chat room, instant messaging, televideoconferencing, Dropbox, Google Groups, or other means;
- The social worker will use his or her best efforts to maintain the confidentiality of the information and the client's privacy;
- Despite the social worker's best efforts, there remains a possibility that information may become known to others and, if this were to occur, neither the social worker nor the client would be able to control its further dissemination; and
- The client understands these risks and is willing to allow the use of electronic supervision and/or consultation in conjunction with the social worker's provision of services to him or to her.

It is suggested that the informed consent process also include the following information:

- The purpose of the supervision and/or consultation generally;
- The benefits of supervision or consultation for the client;
- The routine nature of supervision or consultation;

- Why the therapist must utilize supervision or consultation that is not conducted face-to-face, e.g., geographical distance, unavailability of a consultant within a feasible driving distance;
- How the therapist will address situations in which a breach of confidentiality may have occurred;
- Possible alternatives to internet-effectuated supervision or consultation;
- Whether the therapist is able and/or willing to provide services in the event that the client does not agree to internet-effectuated supervision or consultation.

It is also important that the social worker seeking supervision or consultation and the social worker or other mental health professional offering these services via internet have an agreement in place that defines the parameters of their relationship. The agreement should specify that:

- Internet consultation or supervision is to be utilized ad, in detail, explain what forms it will take, e.g., e-mail, televideoconferencing, and the general content of what is to be transmitted;
- The risks associated with internet-effectuated supervision and consultation;
- The supervisor/consultant will use his or her best efforts to maintain client confidentiality and privacy and the confidentiality and privacy of the social worker seeking these services;
- The mechanisms that the supervisor/consultant has instituted to safeguard privacy and confidentiality, e.g. computer passwords, encryption, use of a virtual private network (VPN); and the procedures that the supervisor/consultant will follow if he or she should become aware that a breach has occurred or may have occurred.

#### **4. Conclusion**

The internet offers many possibilities both for individuals seeking mental health services and for social workers seeking professional supervision and/or consultation on their clients. Internet-facilitated mechanisms enable individuals to overcome financial and geographic hurdles that might otherwise prevent them from obtaining the mental health treatment that they need. Similarly, these strategies facilitate social workers' access to training, professional advice, and support that might not otherwise be available to them. However, the use of the internet for mental health

treatment and professional supervision and consultation also carries risks, including potential breaches of confidentiality and violations of privacy. It is critical that both the social worker providing mental health treatment and the internet client be aware of these risks. Similar risks are associated with the social worker's use of the internet to obtain professional consultation and supervision. Additional issues to be considered include verification of client identity and the potential that the therapist, by practicing across state or national borders via the internet, may be considered in some jurisdictions to be practicing without a license.

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