Recommendations for the Use of Technology Assisted Counseling for Clinical Mental Health Counselors

- Technology Assisted Counseling (TAC) between Clinical Mental Health Counselors (CMHCs) and clients can include the use of synchronous (Telephone, Videoconferencing, E-mail) and non-synchronous modalities (e-mail, chatting, texting, and fax).

- TAC is changing rapidly and we anticipate new modalities of communication with clients will continuously emerge and require ethical and legal guidance.

- CMHCs utilizing TAC must be in compliance with all state laws governing its use. Emerging law suggests that at the very least mental health professionals must be licensed in the state in which a client is receiving counseling. However, the legal landscape is changing rapidly in this area so clinicians must continuously consult with ethical and legal experts.

- The use of TAC must adhere to policies within the American for Disabilities Act. CMHCs will find ways to accommodate hearing, seeing or otherwise impaired clients.

- Whenever possible, CMHC’s will meet in a face to face session to assess client needs prior to utilizing TAC.

- CMHCs should obtain written informed consent for all TAC modalities utilized as well as adhering to all ethical and legal guidelines for counseling.

- CMHCs and their clients must be technologically savvy in the modality of communication being used.

- Due to potential higher level of risk for death or harm, it is preferable to meet face to face with clients who pose a risk to themselves or others; at-risk clients ordinarily should not be counseled using exclusively TAC. TAC is becoming a feature of multiple vigilance and follow-up practices with clients who have evidenced risk for suicide, and so it may be included in a comprehensive care management plan; however, to rely solely on TAC with at-risk clients is considered inadequate.

- Counseling modalities that include synchronous or live communication are generally easier to monitor, and therefore preferable in the interest of quality assurance, for CMHCs to assess client needs and to intervene compared to non-synchronous communication.
• Confidential and privileged communication using text-based communication should be encrypted whenever possible.

• When promoting one's practice and representing one's credentials, a CMHC should exercise restraint and modesty should prevail.

• CMHCs should keep personal and professional life differentiated and separate. Boundaries between CMHCs' use of social media and therapy should be continuously monitored and updated, including privacy settings in all social media.

Please see the AMHCA Code of Ethics on Technology Assisted Counseling.

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References
