



edited by

Jennifer Nivin Williamson
Daniel G. Williamson

Distance Counseling and Supervision

A Guide for Mental Health Clinicians



AMERICAN COUNSELING
ASSOCIATION

WILEY

Table of Contents

[Cover](#)

[Title Page](#)

[Copyright Page](#)

[Dedication Page](#)

[Preface](#)

[About the Editors](#)

[About the Contributors](#)

[Appendix Authors](#)

[Chapter 1: Ethical, Legal, and Risk Management Considerations: Understanding the Landscape of Telebehavioral Health and Supervision](#)

[Competency](#)

[Residency](#)

[Assessing Appropriateness for Technology-Assisted Services](#)

[Anonymity and Confidentiality](#)

[Security](#)

[Liability Insurance and State Licensure Regulations](#)

[Synchronous Videoconferencing](#)

[Texting](#)

[Social Media](#)

[Voice-Assisted Technology, Bluetooth, and Gaming Communication on Devices](#)

[Informed Consent](#)

[Additional Recommendations to Be Included in the Informed Consent](#)

[Distance Supervision](#)

[Scenarios for Discussion](#)

[Questions to Explore](#)

[Conclusion](#)

[References](#)

[Chapter 2: Certification and Regulation of Distance Counseling and Supervision](#)

[The Promise and Peril of Behavioral Telehealth Services](#)

[What Is Regulation and Why Is It Important?](#)

[The Case for Licensure](#)

[State Licensing Boards](#)

[Limitations of State Licensing Boards](#)

[The Role of Regulation in Telehealth](#)

[Questions to Explore](#)

[Best Practices for Practitioners](#)

[Scenario for Discussion](#)

[Conclusion](#)

[References](#)

[Chapter 3: Bridging the Generational Technology Divide in Counseling Training, Practice, and Supervision](#)

[Definition of Terms](#)

[Technology in the Counseling Profession](#)

[Scenarios for Discussion](#)

[Questions to Explore](#)

[Conclusion](#)

[References](#)

[Chapter 4: Navigating the Regulatory Gauntlet](#)

[The Current Landscape of Regulation and Oversight](#)

[Important Terminology](#)

[The Role of Regulatory Bodies](#)

[Professional Associations' Codes of Ethics and Standards of Practice](#)

[HIPAA](#)

[HITECH](#)

[FERPA](#)

[Licensing Boards](#)

[Scenarios for Discussion](#)

[Questions to Explore](#)

[Conclusion](#)

[References](#)

[Chapter 5: Distance Supervision](#)

[Challenges to Finding Good Supervision](#)

[The History of Clinical Supervision](#)

[Questions to Ask a Potential Clinical Supervisor](#)

[Scenarios for Discussion](#)

[Conclusion](#)

[References](#)

[Chapter 6: The Tools of Telebehavioral Health: How to Identify, Vet, and Deploy the Right Technology in Practice](#)

[Federal Rules and Regulations: HIPAA and HITECH Family Educational Rights and Privacy Act of 1974 \(FERPA\)](#)

[Security Standards](#)

[Identifying, Vetting, and Deploying the Right Technology](#)

[Types of Telehealth \(Synchronous Video\) Vendor Solutions](#)

[Questions to Explore When Choosing Telehealth Tools](#)

[What to Look for in a Vendor](#)

[Conclusion](#)

[References](#)

[Chapter 7: Counseling Training, Practice, and Supervision Using Avatars](#)

[History](#)

[Virtual Presence](#)

[Avatar Platforms](#)

[Qualities of Avatars](#)

[Qualities of the Environment](#)

[Application to Counseling and Counseling Preparation](#)

[Ethical Practice Concerns](#)

[Guidelines for Establishing Avatar-Based Practice](#)

[Legal Limitations of Practice](#)

[Conclusion](#)

[References](#)

[Chapter 8: Incorporating Online Therapy Into a Private Practice](#)

[Clinical Considerations](#)

[Getting Started](#)

[Clinical Strategies](#)

[Scenarios for Discussion](#)

[Conclusion](#)

[References](#)

[Appendix A: Readiness for Online Counseling: Client Checklist](#)

[Appendix B: Video Call Etiquette](#)

[Appendix C: Clinical Supervision Agreement](#)
[Clinical Supervision Agreement](#)

[Appendix D: Information, Authorization, and Consent to Technology-Assisted Services](#)
[Information, Authorization, and Consent to Technology-Assisted Services](#)

[Faxing Medical Records](#)

[Index](#)

[Technical Support](#)

[End User License Agreement](#)

List of Illustrations

Chapter 6

[Figure 6.1 Sample Telehealth Workflow](#)

edited by

Jennifer Nivin Williamson
Daniel G. Williamson

DISTANCE COUNSELING AND SUPERVISION

A Guide for Mental Health Clinicians



AMERICAN COUNSELING
ASSOCIATION

6101 Stevenson Avenue, Suite 600
Alexandria, VA 22304
www.counseling.org

Copyright © 2021 by the American Counseling Association. All rights reserved. Printed in the United States of America. Except as permitted under the United States Copyright Act of 1976, no part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without the prior written permission of the publisher.

American Counseling Association
6101 Stevenson Avenue, Suite 600
Alexandria, VA 22304

Associate Publisher Carolyn C. Baker

Digital and Print Development Editor Nancy Driver

Senior Production Manager Bonny E. Gaston

Copy Editor Beth Ciha

Cover and text design by Bonny E. Gaston

Library of Congress Cataloging-in-Publication Data

Names: Williamson, Jennifer Nivin, editor. | Williamson, Daniel G., editor.

Title: Distance counseling and supervision : a guide for mental health clinicians / editors, Jennifer Nivin Williamson, Daniel G. Williamson.

Description: Alexandria, VA : American Counseling Association, [2021] | Includes bibliographical references and index.

Identifiers: LCCN 2020041305 | ISBN 9781556203930 (paperback)

Subjects: LCSH: Mental health counseling. | Counseling psychology. | Medical telematics. | Counselors—Supervision of.

Classification: LCC RC466 .D57 2021 | DDC 362.2/04256—dc23

LC record available at <https://lcn.loc.gov/2020041305>

DEDICATION

*The book is dedicated to our families,
parents, mentors, students, and communities.
You are the foundation and the future.*



PREFACE

This book has been an exploration that began in 2016 when we were in an American Counseling Association (ACA) Ethics Committee town hall meeting. The conversation was rich with questions about telehealth, and there were more questions than answers. In an effort to better understand the complexities of this topic, we invited the leaders and many stakeholders from governing and advising bodies to contribute to a panel discussion. At that time, we included the cochair of the ACA Ethics Committee, the cochair of the ACA Policies and ByLaws Committee, the chair of the Council for Accreditation of Counseling and Related Educational Programs, the president of the American Association of State Counseling Boards, the founder of Motivo, the founder of WeCounsel, counselor educator and marriage and family leaders, and experts in the use of avatar and virtual platforms in counselor education. This conversation was so rich that this book was born.

As we were editing the final chapters in February and March 2020, we began to experience something completely

unexpected because of Coronavirus (COVID-19). Most communities in the United States and many communities across the globe were ordered to shelter in place. Counselors and other mental health workers were attempting to balance the necessity of limiting exposure to themselves and their clients while still maintaining services for clients in need during an incredibly stressful time. Even the most conservative and technology-cautious professionals were attempting to offer virtual services. For the first time in our memory, the Health Insurance Portability and Accountability Act of 1996 and other privacy laws were temporarily relaxed because of the emergency. Governors, federal offices, and licensure boards eased restrictions on definitions around residency and restrictions on the use of technology in counseling and supervision. Although the relaxation of these standards might have been temporary, it ushered in a new era of technology-based counseling and supervision. During this time, most counselors, counselor educators, and supervisors used various platforms to continue providing services for clients. Synchronous videoconferencing platforms such as Zoom, Doxy.me, and Webex became common venues for counseling and supervision. Clinical spaces were created in parked cars, spare bathrooms, or makeshift home offices. Professional organizations, including ACA and its state and regional affiliates, rose to the occasion and organized trainings via videoconferencing in an effort to help counselors across the globe prepare for the task before them. During an emergency, such as the COVID-19 pandemic, it is important for professionals to attend to licensing authorities' websites for their state, their state's governor's office, the U.S. Department of Health and Human Services, state and local professional organizations, and national organizations (including ACA). ACA has a web presence dedicated to telebehavioral health in its Knowledge Center (<https://www.counseling.org/knowledge->

[center/mental-health-resources/trauma-disaster/telehealth-information-and-counselors-in-health-care/telebehavioral-health-licensure-and-liability-insurance](#)).

This book is a tool for continuing the conversation among our colleagues to encourage the use of technology in productive, safe, and confidential ways so that we may better serve our clients, supervisees, and the profession. Although this resource offers suggestions for professional practice, it is our hope that it will provide insights and valuable questions for greater exploration as you venture further into telebehavioral health services.



All author proceeds from this book will go to Uganda Counseling and Support Services (ugandacss.org) in support of their efforts to bring counseling, education, and medical care to underserved communities throughout Uganda.



ABOUT THE EDITORS

Jennifer Nivin Williamson, PhD, is a past senior cochair of the American Counseling Association (ACA) Ethics Committee and a current member of the Ethics Appeals Committee. Williamson, core faculty with Capella University and cofounder of PAX Consulting and Counseling PLLC, is a licensed professional counselor in Texas, licensed professional clinical counselor supervisor in Kentucky, approved clinical supervisor, and national certified counselor. She holds a doctorate from Baylor University and is a Fulbright specialist alumna in mental health. She has presented nationally and internationally on counselor ethics. She was the 2015 recipient of the Association for Counselor Education and Supervision (ACES) Counseling Vision and Innovation Award, the 2017 recipient of the European Branch of the American Counseling Association's Professional Clinical Counselor of the Year Award, and the 2018 recipient of the Daya Sandhu Research and Innovation Award.

Daniel G. Williamson, PhD, is a past cochair of the American Counseling Association (ACA) Policies and Bylaws Committee and a current member of the ACA International Committee. Williamson, core faculty with Capella University and cofounder of PAX Consulting and Counseling PLLC, is a licensed professional counselor in Texas, licensed professional clinical counselor supervisor in Kentucky, approved clinical supervisor, and national certified counselor. He holds a doctorate from Baylor University and is a Fulbright specialist alumnus in mental health. He has presented nationally and internationally on counselor ethics. He was the 2015 recipient of the Association for Counselor Education and Supervision's (ACES) Counseling Vision and Innovation Award, the 2017 recipient of the European Branch of the American Counseling Association's Counseling Department Chair of the Year Award, and the 2018 recipient of the Daya Sandhu Research and Innovation Award.



ABOUT THE CONTRIBUTORS

Susan E. Belangee, PhD, LPC, NCC, ACS, works in private practice in Canton, Georgia, specializing in using Adlerian strategies with clients struggling with body image and eating disorders. She has published several articles and contributed to book chapters on the topic as well. She serves as a supervisor in her practice for counselors pursuing licensure in Georgia and is a member of the Georgia Society of Adlerian Psychology. Susan is currently the past president of the North American Society of Adlerian Psychology (NASAP) as well as a diplomate of NASAP. She is a faculty member for the International Committee of Adlerian Summer Schools and Institutes; has worked as an associate professor at Holy Family University, where she served as institutional review board chair; and has taught online for Drake University and the Adler Graduate School. She presents regularly at local, regional, national, and international conferences on Adlerian psychology and its relevance to clinical research and practice. In addition to Adlerian organizations, Susan maintains membership in the

American Counseling Association (ACA) and Chi Sigma Iota Academic and Professional Honor Society International.

Regina Bordieri, PhD, is a licensed marriage and family therapist who owns and operates a private practice with a physical location in New York City (www.familyandcoupletherapy.com). She earned her doctorate in psychology in Alliant International University's Couple and Family Therapy Program (accredited by the Commission on Accreditation for Marriage and Family Therapy Education) and maintains her license as a marriage and family therapist in California. She regularly provides online therapy in her private practice, including therapy services that are conducted exclusively online, hybrid services that combine online and in-person therapy sessions, and stand-alone assessment and relationship enhancement programs. She has a unique specialty focused on couples coping with a bipolar diagnosis (bipolarcouples.com). She was the recipient of the 2017 American Association for Marriage and Family Therapy (AAMFT) Dissertation Award for her research on couples with a bipolar-diagnosed partner and has provided numerous clinical trainings at national and state conferences and in mental health facilities on the systemic treatment of bipolar disorder. She presented a career development seminar on incorporating online therapy into a private practice at the 2019 AAMFT Conference. She is currently an adjunct professor in the psychology department of the City University of New York at Brooklyn College. She has also taught as an adjunct professor in several marriage and family therapy graduate programs. She currently provides online supervision and clinical trainings in online therapy.

Mykia J. H. Griffith, MA, earned her master's degree in clinical mental health counseling from the University of Mary Hardin-Baylor. She is currently a licensed professional counselor intern as well as a marriage and family therapist

associate. She is a member of and has given presentations for both ACA as well as the International Association of Marriage and Family Counselors. She is also a member of the Association for Play Therapy and plans to focus her expertise in working with children and their families. She is currently working toward more publications while also directing time and energy to helping her community.

Marty Jencius, PhD, earned his doctorate in counselor education from the University of South Carolina in 1996. His 16 years of clinical experience include work as an addictions counselor, a clinical mental health counselor, a coordinator of services for severely emotionally handicapped children, and a counselor in a private practice serving business and industry. He is founder and list manager of CESNET-L (a professional listserv for more than 4,000 counselor educators), cofounding editor of *The Journal of Technology in Counseling* (a web-based, peer-reviewed journal), founder of *Counselor Education in Second Life* (virtual world counselor training; <http://SL.CounselorEducation.org>), founder and editor of The Counselor Audio Source (a podcast series for counselors; <http://counseloraudio-source.net/>), and producer of The Faculty Meeting (a podcast about faculty life; www.thefacultymeeting.net/). He is past president of the Association for Counselor Education and Supervision. Professor Jencius has more than 100 print publications in books, book chapters, journal articles, and articles along with an additional 40 digital podcasts related to counseling and counselor education.

Stephanie R. Marder, MA, MEd, LPC, LCDC II, is a doctoral candidate in Kent State University's Counselor Education and Supervision program. Marder earned a bachelor's degree in psychology from the University of New Hampshire and a master's degree in psychology from Boston University. Several years later she graduated with her master's degree in education in clinical mental health

counseling from Kent State University and obtained her licensed professional counselor degree. She currently practices at Family Behavioral Health Services, LLC, in Mayfield Village, Ohio. Marder specializes in working with adolescents, emerging adults, and families. Her scholarly interests include using the latest technology to benefit clients and enhance treatment outcomes as well as developing tools to better assist adolescents and emerging adults manage anxiety concerns.

Jason K. Martin, PhD, is the clinical director and an associate professor of counseling at the University of Mary Hardin-Baylor. He is a licensed marriage and family therapist and licensed professional counselor in Texas and serves on the board of directors of the Texas Association for Marriage and Family Therapy (TAMFT). He is an AAMFT approved supervisor and has maintained a private practice for many years. Jason is a two-time recipient of the TAMFT Susan Speight Governmental Leadership Award (2015 and 2020). He has researched and published on the development of theoretical orientation among student counselors and the phenomenon of fatherhood. He holds a doctorate in marriage and family therapy from Michigan State University and a master's degree in marriage and family therapy from Abilene Christian University.

Rachel McCrickard, MA, is a licensed marriage and family therapist and the founder/chief executive officer of Motivo, an online platform that connects therapists to clinical supervisors and peer consultants. After years of experience providing therapy and supervision in both urban and rural areas, Rachel began to recognize the difficulty many therapists experience when attempting to find quality clinical supervision. Impassioned by her entrepreneurial spirit, Rachel fostered the creation of Motivo in 2017 to create an easier path to licensure for therapists through the responsible use of technology.

Angela McDonald, PhD, is dean of the School of Health Studies and Education and a professor in the Department of Educational Leadership at Saint Joseph's University in Philadelphia, Pennsylvania. She earned her doctorate in counselor education at the College of William and Mary in 2006. She has been a licensed counselor in North Carolina for 13 years, working in a variety of settings, and she has been published in several journals, including the *Journal of Counseling & Development*. She is also the past president of the American Association of State Counseling Boards and the past chair of the North Carolina Board of Licensed Professional Counselors. She is a national certified counselor.

Jeffrey Parsons, PhD, is a professor of counseling at Lindsey Wilson College and serves as the director of the Counselor Education and Supervision program. He is a licensed professional clinical counselor in the state of Kentucky. Prior to serving in his current role, Jeff served 7 years as director of program evaluation and technology for the School of Professional Counseling and 3 years as director of teaching and technology effectiveness for the Office of Academic Affairs. He recently completed a term as a board member (including 2 years as chair) for the Council for Accreditation of Counseling and Related Educational Programs.

Harrison Tyner is a social impact entrepreneur, technology innovator, and startup adviser to numerous early-stage tech companies. As founder and chief executive officer of WeCounsel Solutions, Harrison launched the first cloud-based software platform for behavioral health, which has facilitated more than 1 million virtual sessions to date. With expertise in telemedicine, health care, and software as a service, Harrison regularly collaborates with other startup founders to develop innovative solutions that make a positive impact on the community.

Appendix Authors

Kenda Dalrymple, JD, is an attorney and the managing partner of Dalrymple, Shellhorse, Ellis & Diamond, LLP, in Austin, Texas. She earned her undergraduate degree in communications from Baylor University and her Juris Doctor degree from Baylor University Law School. For the past 26 years, she has represented hundreds of professionals before their licensing boards on complaint and license-related cases. She also presents frequently on ethics, risk management, confidentiality of records, Health Insurance Portability and Accountability Act of 1996 and Health Information Technology for Economic and Clinical Health Act regulations, and other matters related to administrative law and mental health. Although she excels at helping professionals when a problem has arisen in their practices, she much prefers to educate and train them to recognize common pitfalls and avoid trouble, if possible. She is past president of the Austin Bar Association's Administrative Law Section and the Kappa Alpha Theta Austin Alumnae Association and a past course director for the State Board of Texas Advanced Administrative Law Seminar, an annual 2-day continuing legal education seminar. For the past 10 years, she has been a member of the American Psychological Association (APA) Board of Directors' Standing Hearing Panel, which hears and decides ethics cases brought by the APA.

Amber Hord-Helme, MA, LPCC-S, NCC, has been a licensed counselor for more than 15 years. She has owned her own private group practice in Versailles, Kentucky, for the past 10 years. She is currently a doctoral candidate in the Counselor Education and Supervision program at Lindsey Wilson College in Columbia, Kentucky. She has been an adjunct instructor for Lindsey Wilson College since 2017 and has supervised interns and provisionally licensed

postgraduate practitioners since 2012. She is a former secretary of the Kentucky Mental Health Counseling Association and is currently president of the Kentucky Association for Assessment and Research in Counseling. Her current areas of research include counseling for clients with dyslexia, implementing telehealth counseling in private practice, and developing professional counselor identity in early professionals.



CHAPTER 1

ETHICAL, LEGAL, AND RISK MANAGEMENT CONSIDERATIONS: UNDERSTANDING THE LANDSCAPE OF TELEBEHAVIORAL HEALTH AND SUPERVISION

Jennifer Nivin Williamson and Daniel G. Williamson

The *ACA Code of Ethics* (American Counseling Association [ACA], 2014) declares the following in the introduction to Section H:

Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession with regard to distance counseling, technology, and social media and how such resources may be used to better serve their clients. (p. 17)

This section on distance counseling, technology, and social media was among major revisions to the ethical standards and identifies technology as a part of the profession. Counselors have an ethical obligation to understand how new technologies might be used to serve clients and to use them responsibly. The introduction to Section H goes on to caution counselors to recognize the concerns with using these technologies, especially in terms of protecting confidentiality, and to recognize the ethical and legal requirements needed to implement these resources appropriately (ACA, 2014). The primary goal of integrating technology into counseling practice is to enhance human interaction (Association for Counselor Education and Supervision Technology Interest Network, 2007). As counselors engage in technology-assisted mental health services, it is imperative that they consider ethical, legal,

and risk management standards in an effort to provide competent care to clients. In instances when the process is not clearly outlined, an ethical decision-making model should be used, the law should be explored, and the appropriate stakeholders should be consulted.

Providing some form of mental health services at a distance is not a new concept. Suicide hotlines have been in existence since the 1950s (Centore & Milacci, 2008), and poet Sylvia Plath continued to connect with her Boston-based psychiatrist after she moved to England by exchanging letters in the 1960s. Although Plath's life ultimately ended in suicide, she described the letters as a lifeline (Alexander, 2018). This illustrates both the risk and benefit of distance counseling.

In 2014, ACA recognized "the evolving nature of the profession with regard to distance counseling, technology, and social media" (p. 17). In 2016, the National Board for Certified Counselors (NBCC) recognized the impact that computers and technology have had on the counseling profession, drafted a policy regarding the provision of distance services, and developed a distance counseling credential. Multiple terms are used to describe counseling activities that partly or completely use the internet, including "online counseling/therapy, technology-assisted counseling, e-therapy, psychotechnology, behavioral telehealth, distance professional services, internet counseling, cybertherapy, and distance counseling" (Wheeler & Bertram, 2019, p. 172). Harris and Birnbaum (2015) touted the possibility of technological advances to reach tens of millions of individuals who are currently underserved.

Legal and regulatory bodies struggle to keep up with the integration of technology into the profession, as do practitioners. VandenBos and Williams (2000) reported that

in a survey of American Psychological Association members, 98% affirmed that they had provided counseling services over the phone. Although the use of technology in counseling and supervision has been present for decades, the use of modern technologies remains hotly debated.

During the 2020 Coronavirus (COVID-19) crisis, technology proved to be an opportunity for maintaining continuity of care, providing emergency services, and coping with the global pandemic. Many governing bodies, including state licensure boards and the U.S. Department of Health and Human Services, temporarily relaxed Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations in an effort to allow counselors and other mental health professionals to provide mental health services during this emergency (U.S. Department of Health and Human Services, 2020). It is possible that these experiences with online counseling will further expand the use of distance counseling. In addition, counseling supervision was provided via synchronous videoconferencing platforms in universities that traditionally only used face-to-face formats.

Competency

In many situations, counselors are responsible for identifying and demonstrating competency when determining their scope of practice. There are, however, specific laws or regulations for determining minimum standards. Some state licensure boards have identified minimum training standards through continuing education credits or university training, whereas other boards have not clearly articulated expectations. It has been a challenge for regulatory entities to stay current with the rapid evolution of technology and technological practices. It is clear in all situations that counselors must always function

within their areas of competence and be able to provide evidence regarding their competence and adequate training. This is especially challenging as technology is constantly changing, and best practices in technology-assisted mental health services are in their infancy. ACA (2014) notes that “counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work)” (Standard H.1.a.).

In addition, counselors must make clients and supervisees aware of the training, limitations, and protections offered by the counselor or supervisor (American Association for Marriage and Family Therapy, 2015). The Association of Marital and Family Therapy Regulatory Boards (AMFTRB; 2016) identified a minimum of 15 hours of initial training, including the appropriateness of teletherapy, teletherapy theory and practice, modes of delivery, legal/ethical issues, handling online emergencies, best practices, and informed consent. In addition, it requires five continuing education hours every 5 years. NBCC offers a nationally recognized credential, the board certified-telemental health provider (BC-TMH), who might be useful in training and the demonstration of skills. This provides counselors an opportunity to demonstrate formal training or skill attainment as a telemental health provider (Center for Credentialing and Education, 2020).

Residency

When counselors engage in technology-assisted counseling, they should be aware of the laws and regulations in their state of practice as well as the client’s state of residence. In most situations, counselors must adhere to the laws and regulations of both states (ACA, 2014; AMFTRB, 2016;

NBCC, 2016b). When clients or counselors travel out of their state of residency (physically or virtually), counselors should be aware of the state's definition of residency, as each state defines residency differently. Some states allow a client's residency to be defined by the client's home address, whereas others define residency as the physical locations of the counselor and/or client at the time of service delivery (AMFTRB, 2016). Some states allow for travel, but they may define the number of days outside of the home state. In this situation, an attorney and the licensure boards for the states in question should be consulted to fully understand the legal definition of residency. Once counselors have identified the legal regulations for their region, they should document their findings as well as their activities in their counseling records (NBCC, 2016b).

When counseling clients who are outside of the United States, it is important to identify the counseling regulations for the counselor's home state as well as the country and/or region in which the client is living (ACA, 2014). It might be important to identify how mental health services are defined and regulated in the region, as the terms *counselor* or *therapist* might have different meanings in different regions. When counselors or clients reside on a military base, the regulations may also be very different. Many U.S. military bases are considered sovereign territory and possess their own regulations regarding licensure. Another factor to consider is where the counseling services are offered, either through a mental health office or through a chaplain's office. Chaplain or faith-oriented services are sometimes subject to different rules, laws, and regulations, which has implications for confidentiality.

Several resources are available to assist counselors providing telebehavioral health services. ACA provides resources regarding client/counselor residency on their

website (<https://www.counseling.org>) and specifically in the Government Resources section (<https://www.counseling.org/government-affairs/government-resources-for-counselors>).

Assessing Appropriateness for Technology-Assisted Services

Counselors must recognize that not all clients will be well served through telebehavioral health services; therefore, it is imperative for them to assess a client's appropriateness for technology-assisted services prior to beginning distance counseling. The *ACA Code of Ethics* states that "counselors make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client" (ACA, 2014, Standard H.4.c.). Counselors must recognize that distance counseling services are not appropriate for every client; in those situations, they should consider offering face-to-face services or providing appropriate referrals for those clients. This assessment of client appropriateness should be an ongoing process to ensure the client is using technology in an appropriate manner (ACA, 2014; Stolsmark, 2015). It is important for counselors to assess several categories of appropriateness, including access to and knowledge about technology, counseling space and netiquette, emotional stability, and safety and emergency risk management. It is recommended that counselors meet with clients in person when possible to conduct this assessment, to verify their identity, and to conduct an initial informed consent interview. When an in-person session is not possible, a synchronous videoconferencing session might be appropriate (AMFTRB, 2016). It is important for clients to understand the risks and limits to confidentiality

prior to engaging in an initial session using technology. Clinicians should consider the following areas of appropriateness prior to engaging in virtual clinical services with clients.

Access to and Knowledge About Technology

Technology-assisted counseling sessions are most effectively conducted with clients who are very comfortable using similar technologies. It can be risky or stressful to use technology in the counseling session when the client has not used it in the past or when appropriate supports are not in place. In some cases, rural agencies have opted to send out technologists or case managers to assist clients in their homes during initial sessions when they are new to using virtual technology. Other providers have constructed telehealth rooms in their agencies that are monitored by administrative staff to support connections with counselors who are off-site. It is helpful to provide clients with a list of the required technologies prior to the first session. This list might include a computer with the capacity necessary to handle a teleconferencing program, a webcam with microphone, headphones with an integrated microphone, and an Ethernet-accessed internet connection. It is recommended that clients and counselors use Ethernet cables to connect to the internet, as wireless internet may not be secure and risk confidentiality breaches. It is also helpful when both clients and counselors use a virtual private network as a means to secure and protect confidentiality. HIPAA-compliant encrypted software should be used at this time of crisis; however, it is also recognized the need to continue to safeguard privacy:

If telehealth cannot be provided in a private setting, covered health care providers should continue to implement reasonable HIPAA safeguards to limit incidental uses or disclosures of protected health information (PHI). Such reasonable precautions could include using lowered voices, not using speakerphone, or recommending that the patient move to a reasonable distance from others when discussing PHI. (Office for Civil Rights, 2020, p. 3)

Emotional Stability, Safety, and Emergency Risk Management

It is important to assess the emotional and psychological stability of the client to ensure that virtual counseling services are appropriate. In situations in which involuntary commitment might become a necessity, technology-assisted therapy might not be the best choice. It might be important to assess for suicidal or homicidal ideation, hallucinations, or delusions prior to engaging in virtual services. This assessment for appropriateness of services should be ongoing and continue throughout treatment. For safety purposes, it is important to verify the client's location at the beginning of each session and maintain a safety plan (AMFTRB, 2016). A safety plan should be proactive in considering the potential risks and potential needs of each individual client. It is recommended that an emergency contact (an adult older than age 18 who is able to respond) be identified who resides within 10 minutes of the client during scheduled sessions. Informed consent should provide permission for the counselor to speak with emergency contacts in case of an emergency. Local law enforcement, medical personnel/emergency medical services, and fire services in the client's location should be identified as well. This safety plan should be kept current and up-to-date as the client moves or travels or as