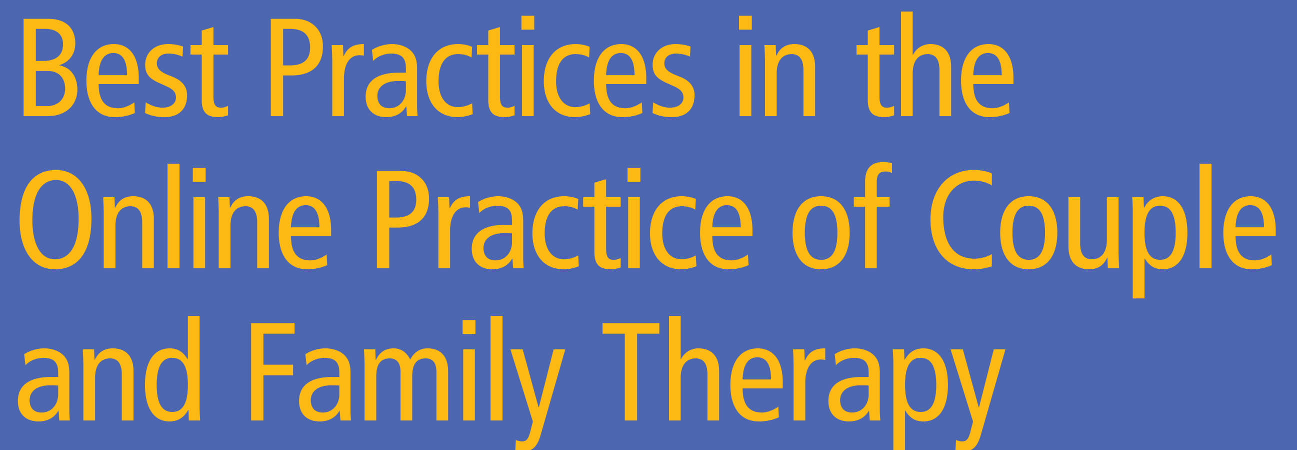

Best Practices in the Online Practice of Couple and Family Therapy

Report of the Online Therapy Workgroup
Presented to the Board of AAMFT
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TABLE OF CONTENTS

Summary of findings on knowledge-based questions 1

Best practices in the online practice of couple and family therapy 9

References 14

Note: Throughout this document, we have interpreted the scope of our charge narrowly, to encompass the provision of therapy services online. As such, we have not addressed here the use of text messaging, email, online scheduling, or related technologies used as an adjunct to in-person treatment. We also have not addressed here the use of technology solely for marketing purposes by those MFTs who see clients in person. Each of these uses of online tools raises its own set of ethical considerations.

Summary of findings on knowledge-based questions

The Online Therapy Workgroup was tasked with developing best-practice guidelines for the online practice of marriage and family therapy, which is a form of what laws often refer to as telehealth. Our charge letter asked that these be developed as guidelines for MFTs "to consider" when providing such services, and not that they be proposed as binding standards.

Part of our charge included consideration of four Knowledge-based questions. Below are the findings that have emerged from our exploration of these questions. Following our responses to the questions, we address currently-unavailable additional data points that we believe would be useful to have for organizational decision-making.

Question 1. What do we know about our stakeholders' needs, wants, and preferences that is relevant to this decision?

NEED, WANT, OR PREFERENCE	STAKEHOLDER(S)	SOURCE
Legal and ethical compliance, including clarity on practice across state lines	MFTs, Licensing boards	AAMFT Code of Ethics DeAngelis, 2012 HIPAA and related state, provincial, and federal laws
Flexibility in scheduling	MFTs, Clients	Cook & Doyle, 2002
Low-cost, easy-to-use platforms	MFTs, Clients	Cook & Doyle, 2002 Derrig-Palumbo & Ziene, 2005
Access to qualified and appropriate care	MFTs, Clients, Referral sources	Brazell, 2015
Evidence that online therapy outcomes are comparable to in-person outcomes	MFTs, Clients, Third-party payers	Doss, Benson, Georgia, & Christensen, 2013
Confidential communications	MFTs, Clients, Third-party payers	Derrig-Palumbo & Eversole, 2011
Insurance reimbursement for services	MFTs, Clients	eTherapi, 2014
Network infrastructure (access, bandwidth, and security)	MFTs, Clients, Third-party payers	Morgan, 2012 Hertlein, Blumer, & Mihaloliakos, 2015
Secure record-keeping and payment systems	MFTs, Clients, Third-party payers	Hecht, Shin, Matusek 2015 HIPAA and related state and federal laws
Clarity on the identity and location of the client at the time of service	MFTs, Licensing boards	Hertlein, Blumer, & Mihaloliakos, 2015

Question 2. What do we know about the current realities and evolving dynamics of our environment that is relevant to this decision?

Key realities and evolving dynamics of the online psychotherapy environment include:

- **Online therapy is rapidly growing in utilization.** Clinicians and clients alike express a desire for online services to be more readily accessible. Online therapy is increasing consumers' access to qualified care (US Department of Health and Human Services, 2013), potentially contributing to increased utilization of treatment among military veterans (Mott, Hundt, Sansgiry, Mignognia, & Cully, 2014). Online therapy also is reducing costs for payors through increased efficiency (Townley & Yalowich, 2015).

- **Research on the effectiveness of online therapy is promising.** Online services appear to produce client acceptance, satisfaction, and retention at similar rates to in-person therapy (Simpson & Reid, 2014). Outcome research has also produced positive results in a number of areas, including depression, anxiety, and panic disorder (Carlbring et al., 2006; Mohr, Vella, Hart, Heckman, & Simon, 2008; Spence et al., 2011). However, we caution that **there appear to have been no studies to date examining the effectiveness of online therapy with couples and families.** A content analysis of 18 family therapy journals in 2013 found just 10 articles related to online family therapy out of more than 13,000 total articles published over 15 years. All 10 were opinion articles and case studies (Livings, 2013). The closest parallel to online family therapy may be online groups, which participants have rated as being inferior to in-person groups on measures of cohesiveness, safety, and delivery (Holmes & Koslowski, 2015). However, online therapy for couples and families remains promising as technology improves, particularly for couples and families unable to attend therapy together in person. For example, online therapy has been used to assist military couples with conflict resolution during deployment (Farero, Springer, Hollist, & Bischoff, 2015).

- While the evidence is limited, **many MFTs appear to lack basic knowledge of their obligations** when providing telehealth services. For example, many MFTs talk openly of using Skype and FaceTime in their provision of services, even though these platforms do not provide the Business Associate Agreements (BAAs) required under HIPAA in the United States (Huggins, 2016).

- **Legal recognition of online therapy, as with other telehealth services, is evolving rapidly.** Many states and provinces now recognize online therapy through regulatory language. Additionally, many states and provinces now require health insurers to cover services provided via telehealth, often with the additional requirement that these services be covered at the same reimbursement rates as when the service is provided in person (TeleMental Health Institute, no date). However, insurers may require additional documentation in order for payment to be made. Furthermore, regulations vary widely from location to location. State and provincial regulatory boards appear to be responding to the evolving landscape with new or clarified regulations. We cannot expect that the regulatory landscape of 2016, in regard to online therapy, will be the regulatory landscape in years to come.

- State and provincial licensing boards are recognizing the challenges posed when clients move from one state to another. **Several US states have considered, and at least five states (Arizona, Colorado, Florida, Kansas, New Jersey, Utah, and Wyoming) have implemented, "carve-outs" to their licensure laws** that allow a therapist licensed in another state to continue seeing a client who moves into their state, under a variety of specific conditions (CAMFT, 2016).

- At the same time, **those states that have implemented regulation specific to telehealth have typically placed additional requirements on the therapist providing telehealth services.** One state (Arkansas) requires a specialized license to practice telehealth (California Board of Behavioral Sciences, 2015). This places a higher standard of care, and thus a higher burden, on MFTs wanting to provide online services versus those providing in-person services. We believe that additional training is an appropriate requirement for those wishing to provide services online, though we do not believe a specialized license is a necessary or appropriate means of ensuring competence in online therapy.

- **Licensing boards generally recognize therapy as occurring where the client is physically located at the time of service.** (The CAMFT Code of Ethics, like some licensing boards, specifically uses the word "located" in its standards, reinforcing this framework.) Licensing boards in multiple health professions have enforced this framework. California has prosecuted a psychiatrist in Colorado for practicing in California without a license when the psychiatrist prescribed to a California teenager through an internet pharmacy (American Medical Association, 2009). Pennsylvania similarly took action against an Israeli psychologist who was marketing online services to Pennsylvania residents without being licensed there (Maheu, 2014). However, the perspective that therapy takes place where the client is located is not universally shared among licensing boards (CAMFT, 2016). Therapists should be cautious to ensure that they have the necessary credentials to work with a client online, based on the requirements of (1) the jurisdiction in which the client is physically located at the time of service; (2) the jurisdiction in which the therapist is physically located at the time of service; and (3) the jurisdiction of the therapist's licensure or registration.

- **Therapists are using new technologies before regulations or professional standards have been developed regarding their use.** For example, it is only now that the US Department of Health and Human Services is developing HIPAA regulations around the use of text messaging, despite the fact that many therapists have been communicating with clients via text for years (Sude, 2013, provides a useful review of the literature on therapists and text messaging). This does not mean that being an early adopter of a technology is necessarily problematic (Greene, 2012); rather, it means that providers should be cautious to ensure that their use of new technologies is consistent with existing ethical principles, especially those related avoiding potential harm. It also means that professional associations and government regulators must exercise caution so that regulations and standards protect clients without standing in the way of opportunities for technological innovation that could increase the reach, effectiveness, and convenience of treatment for clients. Rules must be written broadly enough that they can apply to technologies that have not yet been developed.

- **The future is unknowable.** New regulations are introduced annually, professional associations are increasingly clarifying their stances and codes of ethics, the variety and accessibility of high quality telecommunications is continually increasing, and providers are continually looking to exploit these technologies to make services more accessible to clients and potential clients. It is possible that a future legal action could lead US courts to consider psychotherapy and other forms of health care, when conducted across state lines, to be **interstate commerce** and thus subject to federal, and not state, regulation (Dear, 2015). Negatively, this would create something of a "Wild West" situation with little regulatory oversight of online therapy until clear federal regulations could be established. Positively, such a finding could pave the way for national licensure standards, reducing or eliminating the patchwork of different standards across state and provincial borders that can make it difficult for therapists to move from one state to another (Caldwell, 2012).

Question 3. What do we know about the capacity and strategic position of our organization that is relevant to this decision?

We address these as separate but related questions, beginning with the strategic position of the AAMFT.

STRATEGIC POSITION

- **The AAMFT Code of Ethics covers technology issues more thoroughly in its 2015 version than in prior versions.** At the same time, it is less specific in addressing several technology issues than the 2014 ACA Code of Ethics, which addresses counselor Web Sites, Social Media usage, and related issues in greater detail.

- **The standards related to technology in the 2015 AAMFT Code of Ethics frequently defer to applicable law** rather than setting a particular professional standard. (See standards 6.1, 6.3, 6.4, and 6.5.) This stance recognizes that laws surrounding telehealth can vary widely and change quickly, and that MFTs must be aware of the current laws in their state or province. Federal law in the US is also likely to continue to evolve, either through legislation or rulemaking (specifically surrounding HIPAA). This deference to applicable regulatory language may leave practitioners confused about where to turn for clarity around compliant online practice, and believing that they cannot rely on the association for related guidance.

- **MFTs are behind other mental health professions in pursuing interstate compacts, certifications for online practice across state and provincial lines, or other avenues to reduce or eliminate barriers to interstate practice.** To date, four US states have signed on to the American Association of State Counseling Boards' interstate compact for licensure recognition (ACA, 2015), and one has adopted the Association of State and Provincial Psychology Boards' PSYPACT language designed specifically to facilitate online practice (ASPPB, 2016). The ASPPB also has a separate interstate compact, which currently has four US states and two Canadian provinces as signatories (ASPPB, no date).[1] The AAMFT and Association of Marriage and Family Therapy Regulatory Boards (AMFTRB), to our knowledge, have not yet pursued such projects. Doing so would require coordination of effort among Central and Division advocacy leaders, Family TEAM volunteers, the AMFTRB, and its member boards. This would require a more significant investment of resources, but could have meaningful impact, particularly given the hesitance some MFTs show toward online practice due to jurisdictional concerns (Hertlein, Blumer, & Mihaloliakos, 2015). We note here that while these projects in other professions have been pushed forward by their licensing boards, the professional associations appear to have been instrumental in supporting and facilitating them.

- Through both its federal lobbying staff and state advocates participating in Family Team, **the AAMFT has strategic resources that could be deployed toward key advocacy objectives related to online practice.** This topic is further addressed below. We acknowledge that all advocacy resources have their limits, and that use of resources for advocacy objectives related to online practice may require shifting these resources away from other worthwhile goals.

1 ACA interstate compact member states include Kentucky, Tennessee, Virginia, and West Virginia. PSYPACT has been adopted by the state of Arizona. ASPPB's interstate compact counts Arkansas, Missouri, Nebraska, Texas, Manitoba, and Ontario as signatories.

ORGANIZATIONAL CAPACITY

While the position of AAMFT is largely similar to that of other mental health professional organizations, the AAMFT is well-positioned with the capacity to do more if so desired:

- AAMFT, like its sister organizations, appears to lack the in-house expertise to become a direct provider of products such as a telehealth platform or EHR system. Such systems require significant initial investment and are complex and expensive to build and maintain. **Affinity agreements** can be negotiated with companies that provide these products. Such agreements generally do not require initial investment. They bring discounts to members, revenue to the association, and confidence to those members using the service that they are acting in accordance with ethical and professional standards. The AAMFT is currently involved in an affinity agreement with Valant, a provider of electronic medical record systems. Valant provides a discount on its products to AAMFT members and has implemented record-keeping protocols designed for those who work with couples and families. AAMFT could seek out affinity agreements with companies that offer secure, HIPAA-compliant platforms for therapy, and actively shape how such companies might coordinate couple- or family-based services.
- AAMFT is well positioned to **inform and educate** its members about best practice guidelines related to online therapy services. Efforts to this end can include:
  - The development of this best-practices document
  - Online continuing education in the area of online therapy
  - Webinars
  - A recurring column in *Family Therapy* Magazine about online practice
  - An online therapy track at the Annual Conference
  - Additional publications or events

Such efforts would not represent significant costs to the association, and in some instances may be revenue-generating.

- **AAMFT can work with the COAMFTE to develop competencies and educational standards for online therapy to be embedded in COAMFTE accredited programs.** Research has already been done to lay groundwork for development of specific competencies for online practice in MFT (Blumer, Hertlein, & VandenBosch, 2015). Given the growth in online mental health services, and the likelihood that a significant portion of new MFT graduates will be conducting at least some services online during their careers, standardizing the training around such services has significant potential benefit.
- Similarly, **AAMFT can actively partner with outside organizations advancing technology in mental health practice**, to further influence emerging standards and develop consensus across professions. Such organizations include but are not limited to the Coalition for Technology in Behavioral Science and the American Telemedicine Association.

- The existing **Ethics Committee can provide clearer interpretation of existing standards** around online practice, or ask the Board to appoint a task force to draft new, more detailed ethical standards surrounding online practice.
- Some MFTs are more comfortable with technology, and more likely to engage in online services, than others. The association can readily assist with **connecting members who have an interest in online practice.** The AAMFT can provide opportunities for these therapists to connect through the AAMFT Community platform. Considering the many public policy issues and questions raised by the growth of online practice, it is worth noting that the AAMFT Family Team already offers a forum for those interested in advocacy work related to distance therapy and supervision.
- While the AAMFT could develop the capacity to issue **certificates for online practice** (and has offered trainings in online practice in the past), if the association were to pursue a project like PSYPACT with the intention of recognition from licensing boards, this would be new territory for the association. It may be more effective to enlist AMFTRB as the certificate issuer. State governments may prefer using the AMFTRB structure over an AAMFT structure where they may have little influence over future changes. (The PSYPACT project will involve the Association of State and Provincial Psychology Boards [ASPPB] issuing certificates to those Psychologists wishing to engage in online practice across some state lines.)
- Also related to advocacy, AAMFT's Family Team can push for **regulatory clarity surrounding online practice in each state and province.** State and provincial laws currently vary widely, but this variance is actually less of a concern than some locations' complete lack of regulation of online mental health care. This leaves practitioners unclear about the limits of who they can serve and what online treatment can look like.
- As we note under Question 4 below, research on the online delivery of couple and family therapy is in its infancy. **The AAMFT Research & Education Foundation could support groundbreaking research into online couple and family therapy**, either through direct research or through a grant process, raising the profile of the foundation.

Question 4. What are the ethical implications?

There are two ways of considering this question. One way is to consider the implications *to the association* when considering online practice. Another is to consider the implications *for individual practitioners* who are engaging in online practice. Here, we address both, beginning with the implications for the association.

ETHICAL IMPLICATIONS FOR THE AAMFT

- **The AAMFT Code of Ethics appears to hold online therapy to a higher standard than traditional (i.e., face-to-face) treatment modalities.** The term "best practices" appears only three times in the AAMFT Code of Ethics, all within Standard VI: Technology-Assisted Professional Services (see 6.3, 6.4, and 6.6). These standards require the use of best practices, which moves best practices from their more typical position as **optimal** standards to a position of being *minimal* standards. As online therapy becomes more mainstream, the AAMFT needs to be careful to ensure that technology-assisted treatments are not unnecessarily held to a higher standard than are non-technology assisted treatments. The AAMFT will need to clarify when a best-practice standard is the minimal standard, and where appropriate, apply that to all modalities of treatment. Otherwise, practitioners and licensing boards may experience confusion in attempting to interpret the standards.

- It may be premature to simply presume the success and continued growth of online therapy, particularly in couple and family-based treatment contexts where the effectiveness of online therapy has not yet been determined. The AAMFT Code of Ethics requires MFTs to practice in accordance with the best scientific knowledge currently available (Statement adopted by the AAMFT Board of Directors, March 25, 2009). MFTs are also ethically obligated to inform clients of the "potential risks and benefits of treatments for which generally recognized standards do not yet exist" (standard 1.2(c)). At the present time, it would seem prudent for therapists engaged in online couple or family therapy to inform clients of the lack of research surrounding such treatment. While research results for individual therapy online are certainly promising, we could locate no studies that have directly examined the effectiveness of couple or family interventions in an online context compared to in-person treatment. **Further research on the online delivery of couple and family therapy is necessary to establish the effectiveness of online service delivery.**

- When considering possible best practices for online therapy, as well as other strategic initiatives including those described above, the AAMFT must **strike an effective balance between encouraging the development and use of innovative service delivery systems and promoting high professional standards for those services.** If the standards for online practice are set in a manner that is too burdensome or too vague, practitioners may be more reluctant to venture into online practice. Some may even disregard the ethical standards, writing those standards off as irrelevant to their work. On the other hand, if standards are set in a manner that is clear, specific, adaptive (or, more likely, subject to regular updating), and achievable for the average practitioner, family therapists can remain on the cutting edge of effective service delivery.

ETHICAL IMPLICATIONS FOR INDIVIDUAL PRACTITIONERS

The ethical considerations for individual MFTs engaging in online practice are many. We encourage readers to carefully review the most current AAMFT Code of Ethics and ensure compliance with each standard.

- While many MFTs are not yet comfortable delivering online services, **many MFTs are already utilizing technology in at least some elements of their practices.** For example, many MFTs report using web sites and online directories to market their practices, and using email and text messaging to communicate with clients. At the same time, ethical concerns are commonly cited by MFTs as reasons not to further integrate online practice into their work (Hertlein, Blumer, & Mihaloliakos, 2015). We believe this speaks to a desire for further clarity on how MFTs can practice ethically in an online environment. Put more simply, the current AAMFT Code of Ethics may not provide sufficient guidance for most MFTs to feel confident that they are abiding by professional ethical standards when moving into online service delivery.

- Based on our anecdotal experience with colleagues, it appears that **MFTs who provide therapy services online via email may not recognize the security and confidentiality risks inherent to such service.** As with other technologies, the provision of therapy services by email triggers additional ethical responsibilities. In many locations, additional legal responsibilities are triggered as well. Most email accounts are not secure, and even when the therapist is using a secure account, the client may not be. In addition, client email (even when accessed via secure account) may be accessed by other family members.

- **MFTs who provide therapy online are subjecting themselves to an additional set of professional standards, not simply a *different* set.** All of the legal and ethical obligations typically attached to therapy apply, as well as those additional standards that specifically relate to online service provision. For example, when a client agrees to participate in online therapy, they are not waiving any of their existing protections for confidentiality, privacy, or other consumer protection. MFTs are still responsible to the full breadth of applicable state or provincial law and the AAMFT Code of Ethics.

- **MFTs who provide therapy online may not understand where to find appropriate best practice standards or how to use them.** Multiple organizations have produced or are producing best-practice documents for online mental health practice, including AMFTRB (in draft) and the American Telemedicine Association (2013). Practitioners are likely to have varying degrees of familiarity with these documents, and may not understand whether it is acceptable to adopt some, but not all, of the best practices any single document recommends. This can contribute to fears of ethical breaches based on a lack of clarity about what the existing ethical standards actually require.

Additional data that would be useful

In addition to the knowledge questions above, we were asked to describe *what we wish we knew* – data that may be useful to the association and its members in making decisions related to the online practice of family therapy. While some of these issues are addressed elsewhere in this document, these data points may be of service to the Board, policymakers, and individual practitioners.

- **Effectiveness of online couple and family treatment.** As noted above, current effectiveness research on online therapy has focused on individual clients receiving largely cognitive-behavioral services.

- **Current and planned use of various technologies in service delivery among MFTs.** Understanding the proportion of MFTs who are currently offering services online or who are planning to in the next few years may help the association determine the level of future resources to devote to this mode of service delivery.

- **Rates of technology failure, data breach, and confidentiality problems in online service delivery (and as compared with in-person service delivery).** While many MFTs considering online services express these as concerns, it is presently difficult to determine the degree to which these concerns are appropriate.

- **Licensing boards' interpretations of where psychotherapy takes place.** While some boards have made clear that they believe therapy takes place where the client is located at the time of service, other boards have not yet offered an interpretation, contributing to the regulatory uncertainty many MFTs experience around online therapy.

Best practices for the online practice of couple and family therapy

The following best practices are guidelines for couple and family therapists to consider in the provision of online psychotherapy. They are non-binding practices designed to minimize risk to client and therapist alike, and to facilitate appropriate communication on technology issues.

For ease of reading and navigation, we have broken these guidelines into the following sections.

1. Compliance

2. Infrastructure

3. Advertising and marketing

4. Informed consent

5. Initial assessment

6. Ongoing services

7. Crisis management

8. Failures and breaches

9. Accountability and review

Of course, technologies change quickly. So too can the regulatory environment surrounding the use of technology in online service delivery. MFTs are fundamentally obligated to remain abreast of changes in both law and technology that may impact their ability to effectively practice online.

1. Compliance

Follow applicable standards. MFTs engaging in online practice maintain awareness of, and follow, current applicable law and all other relevant standards surrounding online provision of psychotherapy where the client is physically located at the time of service, as well as where the therapist is licensed. This includes federal law (such as HIPAA in the US), state and provincial law, applicable local law, ethical standards, the current standard of care for online services, and all other relevant rules. When a session involves multiple clients participating from multiple geographic locations, the therapist is bound to the laws of *all* client locations at the time of service.

Role clarity. MFTs engaging in online practice clarify with anyone participating in a service what the role and responsibility of that person is. Participants may include clients, family members, advocates, social service workers, probation officers, teachers, consultants, supervisors, and others. Documentation of therapy, including documentation to third-party payors, accurately reflects the services provided and the roles of each participant.

Verification of licensure. MFTs engaging in online practice provide clients information on the MFT's licensure status, and with means to verify the MFT's licensure status. Consistent with the AAMFT Code of Ethics, MFTs present information on their licensure in a manner that is truthful and not misleading.

2. Infrastructure

Bandwidth. **MFTs engaging in online practice have adequate, secure, and reliable network bandwidth to provide the services being offered.** They regularly evaluate the adequacy, security, and reliability of the available bandwidth, and keep bandwidth updated to current standards. Broadband service is a minimal standard for video-based services.

Local network. **MFTs engaging in online practice ensure that their local network (such as a wireless home or office network) is secure and reliable.** Passwords are always required to access a local network. Network passwords are regularly changed.

Hardware. **MFTs engaging in online practice only use hardware that is functional and secure, and ensure that the MFT has adequate training and experience with the hardware to operate it comfortably.** Computers, microphones, video cameras, and any related equipment are regularly tested to ensure continued functionality. The therapist has a backup plan in place in the event of a hardware failure. Hardware systems are password-protected.

Software. **MFTs engaging in online practice regularly evaluate the adequacy, security, and reliability of the software used.** They only use software that is functional, secure, and reliable, and for which they have adequate training and experience. Unless required by applicable law or policy, they do not require clients to purchase software to participate in online services.

Encryption. **MFTs engaging in online practice use end-to-end encryption when providing services via technology.** Such encryption is available for phone-based, text-based, and video-based communication. Clients are specifically made aware of when encryption is not being used (such as for unsecured email communication between sessions). Client data is stored in encrypted formats.

Therapist. **MFTs engaging in online practice have current and adequate training and preparation for the provision of online service delivery.** They seek regular consultation and retraining to maintain current knowledge and skills.

3. Advertising and marketing

Advertising. **To the degree to which it can be controlled, MFTs engaging in online practice only advertise their services to consumers the MFT can legally engage in treatment.** The MFT's advertising either directly provides, or links to, a clear indication of the geographic locations in which the MFT is legally authorized to provide services.

Social media. **MFTs engaging in online practice separate their personal social media profiles from professional profiles or pages.** When professional social media profiles and pages are used, personal data is secured such that it is not publicly accessible. MFTs who utilize social media are cautious in their social media communications and inform clients about their policies surrounding social media communications.

Web sites. **MFTs engaging in online practice clearly indicate on their web sites and other materials (1) the geographic locations in which they provide online services (2) the specific services that can be accessed online, (3) the hardware, software, and related requirements that clients must fulfill in order to be considered for online services; (4) alternatives to online treatment, and (5) their licensure or registration information in accordance with applicable law.**

Content. **MFTs engaging in online practice describe their online services and qualifications for providing those services in truthful and non-misleading language.**

4. Informed consent

Risks and benefits. MFTs engaging in online practice inform clients in writing of the known risks and benefits of online therapy. Services and modes of service delivery that are experimental or innovative in nature are identified as such.

Technology failure. MFTs engaging in online practice inform clients in writing of the plan for technological failure. This plan is provided in writing to the client as part of the informed consent process. It establishes such guidelines as who should first attempt to re-establish a connection, how long to wait before presuming that a connection cannot be re-established, when to attempt alternate technologies (such as phone), how fees for services are impacted by technological failure, and other elements as deemed appropriate by the therapist.

Alternate treatment. MFTs engaging in online practice inform clients in writing of alternate treatment options, including in-person options. When in-person services are not accessible to the client, due to geographic, language, or other barriers, MFTs engaging in online practice document these barriers and inform clients of alternate treatment options that may be accessible via technology.

Privacy and security. MFTs engaging in online therapy recognize their responsibility for protecting client confidentiality and the security of data transfer and storage. **MFTs engaging in online practice inform clients in writing of the steps they take to guard clients' privacy and security.** They inform clients of how client information is gathered and retained, how treatment records are stored, procedures for requesting treatment records, and related privacy practices. They inform clients of the use of third-party systems for treatment, record-keeping, billing, or related professional services, and of the limits to the MFT's ability to ensure confidentiality and security.

Availability. MFTs engaging in online practice inform clients of their availability for additional communication between scheduled sessions, and for crisis intervention. They inform clients of the best means of between-session communications (phone, email, text messaging, etc.) and typical response time for such communications. MFTs inform clients of typical office days and hours, and of times when the therapist is not expected to be available. They inform clients of the best way to notify the MFT that the client is in a crisis situation. They further inform clients of the MFT's ability to provide resources local to the client in the event of a crisis. MFTs using email or text messaging obtain specific written consent from clients to do so, and provide information on the risks and benefits of such communication technologies.

5. Initial assessment

Appropriateness for online services. MFTs recognize that in some cases, online therapy is not the most appropriate treatment option. **Prior to committing to the ongoing provision of online services, MFTs engaging in online practice assess whether online services are appropriate to client needs.** This assessment includes consideration of the type and severity of symptoms; the nature of the treatment being sought; client access to adequate, secure, and confidential means of online communication with the therapist; and client ability to effectively use the relevant technology. The MFT documents this assessment process and the criteria used to determine fit for online services.

Verification of identity and age for non-anonymous services. MFTs engaging in online practice take reasonable steps to verify the identity and age of each client. This does not prohibit anonymous service provision when such anonymity is appropriate (for example, services performed for an online crisis line). In such instances, MFTs should carefully consider their ability to meet all other legal and ethical requirements, and those best practices appropriate to the provision of anonymous services.

6. Ongoing services

Client identity. **MFTs engaging in online practice establish and utilize a procedure to reconfirm the identity of the client at each session.** This can be done through the use of a password or code word, visual recognition, or other means that would not be obvious to anyone other than the client.

Client location. **MFTs engaging in online practice confirm and document the physical location of the client at each session.**

Appropriateness for online services. **MFTs engaging in online practice regularly reassess the client to determine appropriateness for online services.** Such reassessment is documented. MFTs understand that clients may initially appear appropriate for online services and then, for a variety of reasons, become inappropriate for online care.

Monitoring progress. **MFTs engaging in online practice regularly evaluate client progress.** When the MFT determines that alternative treatments are more likely to be effective than the current treatment, the therapist assists the client in identifying appropriate alternative services, including in-person services.

Communication between sessions. **MFTs engaging in online practice maintain clear professional boundaries when communicating with clients between sessions.** They abide by stated policies regarding such communication.

Access to records. **MFTs engaging in online practice have procedures in place to allow clients and others access to records in a manner consistent with applicable law.** Third-party requests for records are fulfilled only after the MFT has taken reasonable steps to verify the identity of the party requesting records.

7. Crisis management

Advance planning. **MFTs engaging in online practice prepare a crisis management plan with every client as soon as practicable in therapy.** This plan includes resources local to the client, such as local crisis lines, hospitals, or other emergency services, as appropriate. Both the MFT and the client retain copies of the plan.

Coordination of care. **MFTs engaging in online practice coordinate care with local crisis resources as appropriate when a client engages those resources.** This ensures adequate continuity of care between providers.

Reassessment. **MFTs engaging in online practice reassess the appropriateness of the client for online services as soon as practicable following a client crisis.** This reassessment is appropriately documented.

8. Failures and breaches

Significant technology failure. **In the event of a significant failure of technology that will impact the MFT's ability to provide online services as scheduled, MFTs engaging in online practice contact clients to make alternate arrangements for continued care.** Continued care may be in-person, via phone, online through reasonably equivalent alternative technology, or online through alternate providers, as appropriate to the needs of the client.

Data breach. **MFTs engaging in online practice contact affected clients as soon as practicable upon becoming aware of a data loss or breach that could impact client data.** MFTs engaging in online practice also contact regulatory and governmental bodies in accordance with applicable law to promptly report data breaches impacting client data.

Confidentiality breach. **MFTs engaging in online practice are alert to possible breaches of security or confidentiality in their online communications with clients.** Upon becoming aware of such a breach, the MFT promptly informs the client of the breach and any necessary steps to ensure improved confidentiality in the future. Depending on the nature of the breach, these steps may be on the client end or the MFT end.

9. Accountability and review

Annual review of technology and security protocols. **MFTs engaging in online practice evaluate, at least once per calendar year, the adequacy and security of their technology infrastructure, updating hardware, software, and related equipment as appropriate.** For password-protected hardware and software, passwords are updated at least once per calendar year.

Regular evaluation of competency and effectiveness in online practice. **MFTs engaging in online practice regularly review their treatment outcomes.** They seek out additional training and experience in the use of technology for online service delivery.

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