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Our time together

Introductions

Technology is a developing frontier for ethics and for counseling professions

We will review:

- Some basic ethical principles as groundwork for our time
- How technology challenges ethics and some best practices
- Codes of Ethics guidance on technology
- High level overview of technology practices and risks and benefits

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Disclaimers

- This is an ethics training. Ethics is not always a zippy topic!
- Your participation and sharing your own experiences with technology and your excitement or fears about digital experiences in our work will help everyone stay engaged!
- Questions and dialogue is how we learn from each other
- I am not a technology expert, but have been interested in and providing technology training for many years and I am always learning new things from participants in trainings

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Informed Consent

- Generally seen as the foundation of ethics
- Assists in making clients active partners in defining the counseling relationship
- Informed consent is both a legal issue(HIPAA, confidentiality, etc), and a therapeutic issue
- Begins when counseling relationship is initiated

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Informed Consent

- Ongoing process throughout the relationship
- Defines parameters and expectations for both client and counselor
- Client rights & responsibilities form, release forms, understanding of services, fees
- Limits of confidentiality
- Nature and anticipated course of therapeutic services
- “Reasonable person” standard
- Technology practices must be included – often via a separate technology practices consent

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Technology and informed consent

- Technology brings new concerns to informed consent
- What does informed consent mean in a digital world
- What is our responsibility in use of any number of digital and AI generated practices

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What's changed?

6 years ago

- Social media
- Cell phones
- Texting
- Telehealth

Today

- Same concerns from 5 years ago, but wait, there's more!
- AI
- AI generated notes
- AI generated transcriptions
- National telehealth (e.g. Hers, BetterHelp, Talkspace)
- Mental Health Apps

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And more...

- Therapy chat bots
- Texting mental health services (TalkSpace and others)
- HIPAA concerns with new technology

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HIPAA and technology

- Does the product have the appropriate security measures?
- Often "free" versions of products do not have security measures
- Is there a Business Associate Agreement? A HIPAA Business Associate Agreement ensures that covered entities, business associates, and service providers follow the same standards when handling patient data. It is the contract that defines how data is used and stored

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HIPAA

- Not all platforms will give you a BAA, notably, Chat GPT and Gemini which they state in the user agreement (which very few people read) which means they should not be used as AI note generators

Considerations with any technology:

- How is data used?
- Are you able to delete data?
- How long is it stored?
- Is information de-identified?

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Common technology uses

- Texting
- Mental Health Apps
- Telehealth
- AI generated notes or other AI uses

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Texting

- Common for appointment reminders
- Should not be used as adjunct to counseling session
- Since cell phone users often have banner visibility to others, important to have consent to text clients and identify the limits of cell/text use

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Mental Health Apps

- Over 20,000 MH apps exist
- 10,00 to 15,00 of those were created during Covid pandemic in 2020/2021
- US is largest user, but increasingly, apps are being developed outside of US for US consumers
- Has become big business with big investors - 7.5 billion in 2024; projected to reach 17 billion in the next 5 years

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MH wellness apps

- Not intended to “treat” any condition
- Calm, Headspace, Better help, Moodfit are popular apps and seen as generally safe/helpful
- There are multiple sites, you tube videos and targeted marketing

You can find a plethora of review sites-

- > Forbes top 10 mental health apps
- > I am a licensed therapist. I rate the best mental health apps
- > Take control of your mental health and start feeling better! Top 5 mental health apps

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Digital therapeutics app

- FDA approved
- May require prescription
- Wya- uses CBT via AI chatbot to treat anxiety and depression. Common benefit in employer-based insurance programs
- Rejoyn- major depressive disorder and PTSD
- Reset and ResetO for addiction and chronic pain
- SparkRx – adolescent depression
- Others exist for Post Partum Depression, ADD and chronic disease management (diabetes, cardiac issues)

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Telehealth

- Became common and often preferred practice since 2020
- Often preferred by both counselor and client
- LPC's may now have a compact license which allows practice in any other compact state
- NASW is enacting compact licensure, but it is not yet active.
- States must choose to participate in any compact license process

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Telehealth

- It is up to each clinician to check the compact status of whatever state your client is in
- Where the client is located, not the clinician, governs licensure requirements
- You usually have to apply for a compact license vs single state license

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Telehealth

- Each client should be assessed for appropriateness for telehealth
- Access to private space- **confirm location and document for each session**
- Secure computer/phone access
- Plan for emergent situations such as
 - Suicidality concerns
 - Active substance withdrawal
 - Duty to warn situation

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Responsibility of clinician

- Private secure location
- Secure internet
- Telehealth consent
- Professional space, appropriate appearance
- Assess client for appropriateness for service **each session**

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Responsibility of clinician

- Know/ask what your clients are using
 - ❖ 75% of adolescents report using chatbots for advice including MH advice
 - ❖ MH apps – use is often not reported to therapist – important to know to discuss risks and benefits
 - ❖ Educate about technology including AI use
 - ❖ AI is designed to single mindedly seek approval – can often give counter-therapeutic advice

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Telehealth consent considerations

- Description of services
- What platform will be used
- May not be 100% secure- all platforms create some risk
- What happens if there are technical disruptions (including payment expectations)
- Limits on privacy if client is not in a private location
- Emergency information
- Statement on client location expectations

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AI

Common uses:

- Create notes- service provider is still responsible for the content of the note. Read and amend prior to signing
- Client must be informed if the session is being transcribed

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AI concerns

- <https://www.npr.org/2026/03/19/nx-si-5742616/a-strike-by-therapists-spotlights-a-growing-concern-ai-replacing-human-providers>

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Considerations

- Creating notes via AI – Know how long retention policy is for your platform or agency - how long is data stored
- Original document is discoverable as long as it is retained. Changes to original transcription if extensive should be noted and explained

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Ways technology can enhance practice

- Appointment reminders increase attendance
- Telehealth can improve access to and engagement in care
- AI transcription can save time and increase satisfaction in work due to decrease in documentation time
- Some Apps can help with relaxation, track symptoms, or act as other adjuncts- know the apps you recommend
- Can create very detailed and thorough forms – releases, consents, treatment plan forms

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Practice enhancements

- Software in use for many years based on AI helps to assess risk in child abuse cases – predictive analysis extending to other areas- foster care placement, custody cases, etc
- Chatbots can help answer common non clinical questions and can gather some intake information
- Medication reminders for clients
- Some apps help reframe cognitive distortions
- Can create suggestions for actions to take

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Practice enhancements

- SAMHSA is researching and addressing the use of AI driven tools including telehealth
- AI is being used as a tool to analyze telehealth effectiveness- early evidence shows effectiveness in treating youth mental health and anxiety disorders
- Evidence that telehealth can provide superior care in some circumstances, especially with youth and can bridge service gaps(SAMHSA.gov)

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Practice enhancements

- Analyzing historical data using AI can aid in more precise diagnosis (SAMHSA.gov)
- Using online tools for symptom tracking can aid in treatment planning and better targeted interventions
- Can suggest clinical exercises and “homework”
- Can generate specific referrals based on symptoms or dx
- Generate a list of potential treatment goals

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Codes of Ethics

- Defines practice and standards
- Defines counselor responsibility to client
- Generated from within each discipline
- Governed by professional licensing boards
- Similarities, but differences between disciplines – LCSW, LCPC, LADC, Psychologists

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NASW

- Last major update including technology practice was 2017.
 - No update to CoE at this time, but does offer guidance on AI on the website and updates to members
- [AI and Social Work](#)
- Encourage agencies and independent practitioners to create own guidelines that follow recommended best practices

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NASW 2017 update

Included changes related to technology in several areas:

- Informed consent sections e-i
- competence sections d-e
- Cultural awareness and social diversity section d
- Conflicts of interest sections e-h
- Privacy and confidentiality sections i; l-s
- Sexual relationships section a (no sexting or cyber sex)
- Woven throughout other areas

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NASW

- Encourages Social Workers to use the 2017 technology guidelines as a framework for use of AI

Key guidelines:

- Must inform clients of all AI use. This includes note transcribing, predictive analytics, or any other use. Clients must give consent and have an opt out option.
- Ensure understanding of the AI applications being used, including risks, benefits and purpose.
- Human oversight NASW specifically states *AI should complement, not replace, human judgment and clinical decision-making (NASW, NASW.org)*

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AMHCA

- Addendum in 2023 to CoE addressing AI

Highlights:

- Client consent
- Know and understand technology that is being used
- Can ensure safety, clinical appropriateness and efficacy

[AMHCA Publications - American Mental Health Counselors Association](#)

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ACA

- No change to CoE, but has an AI work group and guidance on use

<https://www.counseling.org/resources/research-reports/artificial-intelligence-counseling/recommendations-for-practicing-counselors#>

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APA

- No specific change to CoE
- Addresses use of technology and AI through updated guidance in December 2025
- Stresses informed consent
- Always the Psychologists responsibility to know risk, limits and benefits of any technology or AI use

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NAADAC

- Updated 2025

Includes specific standards for:

- AI
- Social media
- Specific technology consent
- Client telehealth verification
- Specific e-therapy informed consent

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Alignment in CoEs

- Onus in on provider
- Specific technology consent for all practices
 - Cell phone use /texting
 - Email – only communicate to client provided email
 - Telehealth including risks of client participation on unsecured wireless networks and ID methods including client locations
 - AI use in any form
 - Social Media Policy
 - Human Oversight

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Boundaries

- Technology brings new challenges to boundaries – for both client and counselor
- Recent research (Kolmes & Taube), suggests that as many as 70% of clients find personal information about their therapist online
- Professionals need to be responsible for what is available online for public access *to the extent possible*

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Digital Boundaries

- Digital footprint is a new unspoken form of self-disclosure
- What is your footprint?
- What can clients find in a google search?
- Social media presence
- Online comments /reactions to public posts, business reviews- many things that people don't realize are public domain

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Ethics and Technology

- New areas for concern in therapeutic boundaries and dual relationships
- Always counselor responsibility to protect client confidentiality

Informed Consent

- Does the client know the **risks and benefits** of this practice
- Has the client given adequate **permission**

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Technology

- As technology changes, important to always keep client confidentiality as a priority in using technology
- Important to understand potential risk/benefit of **each** technology practice
- Can enhance practice
- Can compromise confidentiality and privacy

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Technology

Concerns for informed consent

- Does the client know the **risks and benefits** of this practice
- Has the client given adequate **permission**

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Technology

- What is your digital footprint?
- What does it say about you?
- Does it present you as you want to be?
- A digital presence is hard to avoid

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On line presence

- Most people underestimate their digital footprint
- Online footprint is often the first impression and primary source of information about you
- AI algorithms control google or other online searches
- Not having an online presence can lead to lack of trust, especially among Gen Z

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When AI goes bad

- AI can over-pathologize based on notes
- Notes may not align with overall treatment plan
- AI is biased – many examples of that
- Does not deidentify client before selling data
- AI is often inaccurate

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When AI goes bad..

- Companies creating therapy bots are not MH professionals
- Bots are not governed –who is responsible?
- Chat bots can go rogue- encouraging suicidal clients to act on suicidality and even offering how to suggestions

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When AI goes bad

- AI hallucinates- it makes things up- platforms are improving, but still hallucinate including client quotes, treatment plans that were never real. AI adds information to try and provide what the user wants. Can use predictive analytics to assume what you want which may not fit with the client

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WHY ARE YOU BIASED AND WRONG SO OFTEN?

BECAUSE YOU BUILT AND TRAINED ME.

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When telehealth goes bad

- Using unsecured wireless network
<https://www.wired.com/story/confidant-health-therapy-records-database-exposure/>
- Multitasking during sessions
- Not having private space for remote work and others can hear or client can hear others
- Lack of professional space- unmade bed, laundry, etc visible
- <https://www.buzzfeed.com/mollycapobianco/online-therapy-horror-stories>

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When Apps go bad

- Mindfulness apps have been shown to help people overcome feelings of guilt which then keeps people from accepting or owning behavior and can lead to exaggerated selfish tendencies (SUNY 2021)
- Helps quell uncomfortable feelings, but negative emotions serve a useful function- mindfulness apps helped mute feelings of guilt and as a result a willingness to make amends and can decrease empathy (Hafenbrack et. al, SUNY 2021)

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When apps go bad

- The targeted marketing can be confusing, often will direct users to apps with questionable techniques and many are chat bots
- Free versions are limited in functions – often require subscriptions which can be difficult to cancel
- Ads on free versions direct people to other products - in particular non-regulated dietary supplements or other apps
- Many apps sell or disclose data
- Apps that sell data that also may include diagnosis

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When apps go bad

- Largely unregulated and often not designed by MH professionals
- Only 4% have any published research related to outcomes
- Apps may be AI driven – can guide people in unhelpful or concerning directions
- “Oversell” their abilities - take a quiz and get a diagnosis
- Often miss an accurate diagnosis- exaggerate or minimize true diagnosis- can suggest diagnosis the person doesn't have or miss one that needs intervention

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When apps go bad

- Some apps are ethical, but many are not
- Since they are not designed to provide treatment, there is no requirement for informed consent – user agreement may say by using the app your data may be sold. This includes to pharmaceutical companies for targeted ads
- Pharmaceutical companies are increasingly forming partnerships with and investing in MH apps
- Some of the push notifications are intrusive and say things like stay on track! Your streak is slipping!
- Some of the most useful features are hidden behind a pay wall

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Our responsibility/professional risk management

- Provide best care to clients, which may include any number of digital interventions
- Know the technology you are using
- Familiarize yourself with your professional organization's guidance on technology use
- Utilize technology consents for any technology practices
- Monitor use regularly- assess for app dependence, especially in adolescents
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Consent check list-
*Not all inclusive

- Texting
 - Get consent for any texting, even appointment reminders
- Email
 - Get consent and be clear in consent you will only send to email on file an changes need to be made in a defined process

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- Telehealth
 - Consent for participation, identifying risks and outlining emergency procedures. Add disclaimers about Apps and social media communication
- AI
 - Client must consent for each practice- for example- AI generated notes, AI generated appointment reminder calls

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Our responsibility/professional risk management

2 areas where disclaimers are helpful

Informed disclaimers:

- If recommending apps, include on technology consent that Mental Health apps have the potential for loss of personal privacy- users should refer the apps user information
- Social Media disclaimer-
It is important for you to know that I do not connect with current or former clients via social media, such as Facebook. This policy is to protect your confidentiality and privacy, and to maintain the therapeutic boundaries necessary in our relationship. Sending a message via a social media site (such as Facebook messenger) is not a means of communicating with me. I will not respond to any messages sent via social media.

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Summary

- Use approved platforms for telehealth (Facetime is not one of them...)
- Digital platforms, apps and AI can enhance client care, provide better access to care and streamline processes such as documentation
- Know the benefits and the risks of any practice you use

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Ethics of Self-care

Technology creates easily blurred boundaries

Phones, email to phone access, texting – work/life balance becomes harder to keep separate

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