

I love these emails... or do I?

The use of emails in psychotherapy and counseling



I checked my emails the other day and saw that a client wanted to change his appointment for the following week. I swiftly responded affirmatively. Next I shot off an email to a client asking her whether or not she could change her appointment the next Monday from 10 am to noon. Within seconds she responded with a one-word response, "Yes." A couple of months ago I discovered that I needed to be out of town the following week due to a family emergency. In one swoop I sent a single email to a couple of dozen people (using Bcc not CC so their identities and email addresses remain private), telling them that I would be out of town the next week, I would neither be available by phone nor by email during that time, giving them names and phone numbers of my emergency back-ups, and asking them to let me know if they could make the same day and same time appointment for the week after.

Don't you like these emails? I do! They are simple, quick and effective. Long gone are the days where we play phone tag with clients; when we need to start the phone conversation with "How are you?" only to listen to a long winded response; hear long back-and-forth scheduling messages; get busy phone lines, get put on hold, deal with overworked, low-paid, irritated receptionists or operators. These emails have saved therapists time and energy so we can focus on what is important. Many therapists love the flexibility allowed in receiving and sending emails from our computers, Blackberrys, or iPhones, during working and non-working hours, from the office, living room, beach, boat, another country, or from whenever or wherever.

Realizing how helpful emails can be, many therapists have started giving their email addresses to their clients, including them on their business cards and posting them on our professional websites. After all, they can save time and spare us from long, wasteful phone conversations.

Then, I woke up the other day to a short email from a depressed client: "Doc, I cannot take it any longer!!!!" I noticed it was sent at 2 AM. Now what am I to do? Send an email, call the patient back, call her listed emergency contact (not a good idea, it's her toxic mother), call the local crisis team or 911, or ...?

Another morning, I got an email from a client who was so excited about her "break through" dream the night before, how it relates to our therapy, and apparently I was in it. Scrolling down the email I noticed it was several pages long. Even though I was aware of the clinical significance of the dream, I did not have the leisure or desire to spend half an hour reading her dream that morning. She felt deeply offended when, during the next session, she realized that I had not taken the time to read her "break through" dream analysis.

Later on that very night, I checked my email and saw an email from a client which started with: "I know we ran out of time, but there was just one more important thing I wanted to tell you." He proceeds to write an insightful email, in essence extending the session by about 20 minutes. We neither have an agreement that he would pay for reading time nor would it fit within his rather tight budget.

A young woman had gotten into a fight with her best girlfriend, who is the topic of discussion during many of our sessions. She wrote: "I am so upset, can you believe that she told me" She went on to express her distress and rage in a long-winded email. She got furious with what she called the "dismissive" response of "I am so sorry about the fight with your friend. Let's discuss it further when we meet this week."

Many therapists report that clients often ask them "quick"

questions via "brief" emails, such as "My mother is coming over tonight, should I bring up with her what we discussed in our last session about my brother molesting me?" or "I met this girl, she seems perfect and I am panicked. Do you have any quick advice? We have a date later on tonight."

Email, like any technology, has at least two sides, if not more. Like a hammer, it can be constructive and helpful or can be misused and be destructive. In our MySpace era, where social networking takes much of many people's leisure (and often not-leisure) time, there is an expectation that anyone with an email address is instantly available and responsive, 24/7, therapists included.

We used to check our phone messages regularly or have phone message services page us. Now we need to be on the lookout for emails from depressed, suicidal or homicidal, or existentially depleted or spiritually lost clients. Emails were supposed to make our lives easier, not harder. Then come the obvious questions, what if the client committed suicide a day after she sent her "end of the rope" email to me; how to deal with the disappointed client whose elaborate description of her dream went unread; or with the furious young woman who felt dismissed because I did not reply with a lengthy, supportive email, like her best girlfriend would have done.

The main issue has become what is the proper use of email in psychotherapy? To add to the complexity, there are several legal, ethical and clinical questions that are related to emailing our clients.

The main question is how do we deal with clients who expect us to respond quickly and/or read lengthy and numerous emails between sessions? The answer lies in the communication between our clients and us. We must be clear about our parameters in regard to general use of emails, time, frequency, etc. While our office policies should attend to these issues, personal communication is likely to be much more effective in bringing clarity to the email dilemma. This issue is not likely to be resolved in one conversation. With some clients who rely heavily on online social networking, it is likely to be a continuous dialogue about expectations, disappointments and boundaries.

If you are ready to engage in dialogue and treatment via email in conjunction with face-to-face therapy, state this to your clients. In this case you may need to inform them how you charge, if you do, for such e-services. Do you charge per email, per minute, or other ways? I suspect that most therapists prefer to use emails primarily for administrative purposes and only at special times for distinct clinical purposes. In this case I would explain it verbally either in the first session or when the right time comes. Our office policies that we give to each and every client at the beginning of therapy should have a section on policies regarding emails. This section should discuss issues of privacy, confidentiality, security, availability, response time, content, emergencies, etc. [An example of which can be found on page 11 under the heading Emails, cell phones, computers and faxes.]

There are a number of other questions that come up in relation to emails between therapists and clients. They include:

Are emails considered psychotherapy or counseling?

Yes. These emails, whether profound or mundane, are part of

the therapeutic process and are considered part of the clinical records.

If I give my email address to my clients, must I check my emails often?

The fact that you give your email address to your clients does not obligate you to check often or even weekly. What is important is that you provide your clients with written information and verbal communication about how frequently you check your email, if you respond to emails, and what are your general policies regarding emails (see details in the body of the article).

What about confidentiality and privacy?

Confidentiality and privacy are applied to emails in the same ways that they are applied to any other verbal or written exchanges between psychotherapists and clients.

Must emails be encrypted?

At the present time, emails between therapists and clients do not need to be encrypted, as long as clients are informed about the vulnerability of emails being read by unauthorized people, and they elect to use email. (For more details, see above note about office policies and the next question.)

What is an email signature and what may it look like?

An email signature goes at the end of the email. It can be set automatically. Make sure that every email to a client or patient includes an electronic signature that covers issues such as confidentiality and security. Following is a sample of such an email signature.

Notice of Confidentiality: This email, and any attachments, is intended only for use by the addressee(s) and may contain privileged or confidential information. Any distribution, reading, copying or use of this communication and any attachments by anyone other than the addressee, is strictly prohibited and may be unlawful. If you have received this email in error, please immediately notify me by email (by replying to this message) or telephone (707-xxx-xxxx), and permanently destroy or delete the original and any copies or printouts of this email and any attachments.

It is important to be aware that email communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. A non-encrypted email, such as this, is even more vulnerable to unauthorized access. Please notify Dr. X if you decide to avoid or limit, in any way, the use of email. Unless I hear from you otherwise, I will continue to communicate with you via email when necessary or appropriate. Please do not use email for emergencies. While I check my phone messages frequently during the day when I am in town, I do not always check my emails daily.

Name/Degree/License: xxxx

Address: xxx

Phone: xxx

Email: xx

Web Site: xx

If we email to clients, does it mean we are conducting tele-health or e-therapy?

If the emails involved are primarily dealing with administrative issues, such as scheduling, they are not likely to fall under the definition of tele-health or e-therapy. However, if they are clinically oriented (i.e., including assessment or interventions), extensive, and used routinely, they may be viewed as tele-health or e-therapy. There is not a clear line in the sand yet, differentiating between tele-health and face to face therapy, and mixing the two modes can be effective and ethical when done ethically, competently and properly.

Are these emails part of the clinical records, and can they be subpoenaed just like chart notes in the unfortunately not uncommon event of legal action?

Generally, emails between therapists and clients are considered as part of the clinical records and can be subpoenaed, just like chart notes.

Guidelines to using email with clients

The subject and discussion about the role of email in therapy is common, relatively new, unsettled, and very complex. There are a few things that therapists can do to keep clients informed, increase therapeutic effectiveness, and help protect themselves from board complaints and other liabilities.

- Clarify to yourself your thoughts and feelings regarding email communication with clients. What are your preferences, your limits, etc.?
- Discuss the issue of email communications with clients, when relevant, in the first session. Learn from them about their expectations and clarify your expectations and boundaries. Continue the dialogue as clinically and ethically necessary throughout the course of therapy.
- Make sure that your office policies include a section on the use of emails.
- If you are conducting tele-health, follow state laws, relevant codes of ethics, and have a separate informed consent, which is required in some states, such as California.
- Make sure your computer has a password, virus protection, firewall, and back up system.
- Make sure that each email includes an electronic signature that covers issues such as confidentiality and security.

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