

Using Electronic Mail in Clinical Social Work Practice

By Craig Forte, LCSW

Electronic mail is a relatively new form of communication. Although it has seemingly permeated our culture, it has only been in the last twenty years that there is wide spread use of it. In the late 1970's there were only about 100,000 users of email. By late 1996 one in four U.S. adults were using e-mail communication. In this article on the topic of computers and clinical social workers, I relate some ideas about the use of email in social work practice. I outline ways that I know of email being used by clinicians. Most importantly, I propose guidelines and recommendations about its use. I only touch on some of the innumerable clinical issues of using email. My hope is that this article will help us begin to discuss issues relating to the use of email in our practice.

The topic of email communication in confidential relationships is a complex one. Over the past several years various physician groups have been studying the issue resulting in a growing body of literature about it in medical journals. Recently the American Medical Association (AMA) released a Report of the Board of Trustees entitled "Guidelines for Patient Physician Electronic Mail." I have chosen this report to reference and highlight because it is the most condensed and directed article I have found.

Email can add to the quality of service to clients. Ironically, email may have some advantages over other forms of communication if used wisely. An article that Mark Paulsen published in a 1995 issue of the British Medical Journal was cited in the AMA report addressing this issue. Some of the points that Paulsen made were that email:

1. Accelerates the communication of the written word, reaching its destination in minutes.
2. Allows communication any time of the day.
3. Does not need the attention of both parties at the same time.
4. Is simple, convenient, and easy to use.
5. Furnishes the clinician with the opportunity to follow-up on treatment plans with patients.
6. Allows the clinician to direct patients to information on the Internet.

To the point of patient satisfaction as it relates to email use, 90% of patients polled in a study cited in the AMA report said they were highly satisfied with using email as another way of communicating with their physician.

Advantages, satisfaction and practice quality are all well and good. However, to be considered at all, we must be able to assure the privacy, confidentiality and security of email transmissions. In fact some have suggested that without these important issues under control, no mental health information should be transmitted via email. I believe that with some thought, selection of ways that it is used, and agreement with our clients, email is an option for client and colleague communication.

Clinical social workers know of the importance of having agreements with clients regarding the various parameters of the therapeutic relationship. These parameters include limits of confidentiality, processes for exchanging information, therapist availability, record keeping and fees. I suggest that if a clinician is going to use email for any purpose related to their practice, they should consider developing practice policy about this as well. Borrowed heavily from the above cited AMA guidelines the recommendations fall into two categories. One category involves setting practice policy that all clinicians should follow regarding adherence to legal and

ethical practice considerations. The second category involves setting policy that fits individual practice interests, style and limits.

We need to first make every effort to secure our practice related communication. Installing and using password processes on our computers is a step in this direction. Installing software that prevents information on our computers from being accessed and transmitted without our knowledge or approval is another step. We need to establish a separate email account for our professional correspondence, an extension of therapeutic relationship boundaries.

With these more general issues taken care of, we need to establish personal practice guidelines regarding other matters. In no particular order these are:

- **Response time.** What are your and your clients' expectations of response time to message that are sent? Some people use the auto reply feature to send a message to let the sender know that their message has been received.
- **Topics for communication.** I think that emergency topics are not appropriate for email. Topics that might be included are clarification of homework assignments, sharing of community resources, and educational information. Educational information via email can include a link in the text of a message which can automatically link the reader with the recommended web site. (This is called a Universal Resource Indicator link or URL.)
- **How confidentiality and privacy are insured.** It would be a violation of confidentiality to accidentally send information to the wrong person. Once sent the message is impossible to retrieve using most email systems. A practical suggestion is to always double check the "To:" field of your message before sending. Many people will use the automatic reply function to avoid an addressing error. Another consideration here is to insure our clients that we will not use their email address for any purposes other than direct communication with them. This includes outreach activities. I do not think that it is ethical to save clients' email addresses and then send them fliers about a group we are starting, for example. If they want us to use their address in this way, it must be explicit and included in the confidentiality agreement.
- **How emails that are received are handled.** For instance, are they immediately erased or are they archived? Are they printed out and kept in the client file? In many instances printing them and keeping them in the client's confidential file may be wise. It then becomes documentation of communication and services delivered. This is always good to have and is possible with email in a way that is not possible with telephone conversations.

Grappling with the considerations and trying my best to clarify my practice guidelines, I have been using email communications in my work for the past several years. After specialized training a few years ago, I began to do Cognitive-Behavioral treatment for anxiety disorders that involves client self-directed work outside of the sessions. I have used email to receive and give feedback about clients' self-directed assignments as well as to answer questions that arise in the in vivo work. Similarly I have found email to be a useful resource for coaching and reinforcement of skills development and application. Another satisfying use I have made of email is follow-up and transition work with high school students who move away to college. This is a population that is used to communicating via email. I have thought of this communication as creating a transitional phenomenon during a critical developmental transition. Additionally email has been a successful way to exchange session summaries with a very dissociative patient. I have also used email for less direct clinical issues such as passing on insurance authorization information or claim submission information that I have acquired for a patient.

Email of course is not essential to anyone's practice. However, should we choose to utilize it, as many of our clients do in their daily lives, we must closely examine how we use it. The considerations and guidelines I have enumerated can be a starting point in your examination. The

bottom line is to use it as an enhancement and within the legal, ethical and social work values by which we practice.

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