

## Ethical Considerations in the Digital Age

### Interview of Dr. Zur with Casey Truffo, Director of International Therapist Leadership Institute

Casey Truffo: Hi, everyone. This is really, really a treat today. We have Dr. Ofer Zur from the Zur Institute. Hi, Ofer.

Ofer Zur: Hi, Casey. Nice to be with you again.

Casey Truffo: This is really outstanding for me because we've had you on tons of our conference calls before and we've never been able to do this with video. Now, I actually get to see you. That's just wonderful.

Ofer Zur: Here we are.

Casey Truffo: The one thing I really wanted to talk to you today about is digital ethics. You're really an expert in this subject, but let's just jump right in. What is digital ethics?

Ofer Zur: Digital ethics is kind of a made-up term that's kind of very new in our field. It includes the ethical concern around digital and telehealth issues. Some of the topics that are being covered by digital ethics are online self-disclosure, transparency, clients Googling us therapists, therapists Googling clients, a communication via cell phone, e-mail, text, chat, Skype, or Facebook between therapists and clients, texting or cell phone during a session—texting or cell phone during session as sometimes young or not always young clients will do without a blink, just pull out their phone and text. Before we get a chance to respond, the phone is back in their pocket or next to them. Social networking with clients, it's a huge issue. Negative posting and what to do with digital harassment. A client leaves the office and posts 50 negative posting about the therapist. A record-keeping of a communication, office policies, and social media, and informed consent around digital issues. All of these fall under the term digital ethics.

Casey Truffo: It this only relevant for people who are doing online therapy or telehealth, or they have websites?

Ofer Zur: No. Actually, this is relevant to anybody, even if you don't have a computer and you are practicing out of the cave without electricity. This would be relevant to you because even if you don't have a website and you don't know even know what Google means, still, if you Google yourself, you'll find out a lot of information about you regardless whether you have a website, regardless whether you practice telehealth. This is relevant to all psychotherapists, all half-million psychotherapists in the US and many more millions worldwide. It has nothing to do whether you have a website or whether you practice telehealth. This is something that every therapist should be aware of, what is digital ethics and the considerations around it.

Casey Truffo: So I've heard the expression digital transparency, but I wasn't exactly sure what that is. What is that, Ofer?

Ofer Zur: Digital transparency is an extension of the term self-disclosure. In the good old days when you and I went to school, self-disclosure was considered something that we intentionally tell our clients beyond our fees and our degrees. It's something personal. Now, we have a different sense of transparency where I can in probably 20 seconds can find out lots of information about you or give me 5 minutes and I'll find out whether you are married or not. If I really dig even further, I can find out whether you have ... how much is your mortgage on the house, have you been divorced before, did you have any criminal records. All these things are just readily available. This is part of digital transparency. It's all therapists, again, whether they have websites or not, are exposed to and must deal with.

Casey Truffo: Now, one of my colleagues got really upset at a particular company that sold kitchen equipment and really gave them a super bad review and what's really upsetting about that is that for a long time, when you Googled her, that was the first thing that came up.

Ofer Zur: That's what our clients will see. Our clients will see what we post online and what other people posted on evaluating us, like in Yelp.com, Reputation.com, whatever it is, the Complaintboard.com. What we need to understand, is that transparency is not an active act on our end, sometimes, but most modern-day consumers before they see us, or right after the first session, or during therapy, or sometimes after, just following up on us, they will Google us and will find tons of information about us and it depends how intrusive they want to be, they'll find kind of different levels of information about us. We need to expect it from modern-day consumers. It's not really the deviant, it's not the people who stalk us. A prudent modern-day consumer should in some regard, I would say, should Google you and I before they come to see us in our offices, for the reasons they want to know what other clients talked about us, what our philosophy of treatment, how do we sound, do we have a video, what kind of music we like? I don't know. Do we believe in God? They want, they demand transparency and they know how to find it, too.

Casey Truffo: I think that's really important and that's why when you and I talk about websites, we talk about websites from the client's perspective. The client's going to look at that and say, does this therapist understand me? In our online presence, we want to look—we want to be client focused, I guess is what I'm saying.

Ofer Zur: Absolutely. Website is very, very important. Not to have a website in the 21st century is something that would put you in an incredible disadvantage. The website has to be informative. It has to be personal. We won't be able to talk much about that today, but we've covered it in many other areas. It's better to have a video and an audio. The consumers expect videos or audios, and to be transparent. You need to talk about your liking and disliking, what you believe, what you don't believe. Perhaps, even on your music and whatever animals you like. People just expect it in

this day and age. The transparency is much more than the website that you put up. It's all the blogs that you put online and many other, depends on the level of a search from the consumer, other clinicians, or whoever search you online.

Casey Truffo: We'll probably get into this later, but I know that there's a lot of people freaking out about that. They got a Facebook page with a picture of themselves in a bikini. [laughs]

Ofer Zur: You know, it's so interesting about the bikini and Facebook. First of all, you can have some basic privacy settings, not to say that they're perfect or anything, but you can set your privacy settings so not everybody can see your bikini. I was teaching in LA for the LA Department of Mental Health. I talked about the bikini and the Facebook, and you know, a few young women just gave me a look that made me feel like even older than I am. The look was, "What's with you, old digital immigrant? What, so our clients see us in a bikini, big deal." The answer for that, you can put privacy settings. It will help with many people, not with all, because people can break through and privacy settings are not perfect. But, for the young ones, they have a different sense of transparency and they don't blink about seeing the therapist with a bikini.

You've had some guests who were like dinosaurs, who didn't know about all these stuff, and was so upset about it. Talk to the young therapists about it, they feel comfortable about it. You and I probably don't. There's a huge generational difference here. We need to expect even with the privacy settings that people who may be just curious will not see the bikini, and people who do due diligence may not see the bikini, but the people who do intrusive search will see the bikini, regardless of how much we try to protect this bikini picture. In other words, whatever we put online, you can expect some people to be able to access it regardless of the level of protection and privacy.

Casey Truffo: Before we get into our clients Googling us, two comments I want to make. One is beware when you give money to a political party. That will be posted. That can be posted online. I know one of my clients actually just—her neighbor was running for city council. She gave him some money just because to keep the peace with the neighbor, but now it looks like she was a supporter of his. That wasn't something she wanted. That was one issue.

Ofer Zur: Excellent.

Casey Truffo: The second issue was an interesting thing that happened as a result of the Therapist Leadership Conference where we had the discussion. I had made a comment ... You're going to love this. I had made a comment that in a Facebook group I was in, that some of the people were complaining about their clients. It was a group only for therapists. Now, I am in more than, almost 50 groups, between Facebook, LinkedIn, and all that. I never said which group it was, but one of the groups who actually had done that, several of them had, but one of them, they just went crazy and they said that I quoted them and all of that. It was so funny because

all I was saying is, "If you have a private group, you can't rely on the settings to be private. Besides what if your clients are therapists? They could be on there.

Ofer Zur: Even if they aren't therapists, there's so many easy way for a client to join groups that they don't belong. The whole notion of the internet is so anonymous. People go with pseudonyms. You're absolutely right that whatever you discuss in chat rooms or in any other setting online, just expect it to be posted on the front page, on a front page video of New York Times. This is what I tell my children. We have a picture on the refrigerator, "Whatever you write online, it's tattooed on your forehead." We have a tattoo on somebody's forehead on the refrigerators, so my kids will remember that. This is what we say to therapists. Everything you say online, everything that you post online, just expect everybody to know about it. Now, you can de-identify. There are ways to discuss cases online. We thought coining the term "de-identify" which means you change your gender, you move from the East to the West Coast, and still people will complain, but at least you can do the disidentification in a thorough and ethical way in order to be able to discuss appropriately online. There's an ethical way to do that.

Casey Truffo: I think what was so funny was they were so angry that what they accused me of doing was that what I said could happen, and it was kind of interesting. Very angry with me on that one. But I agree with you. There's ways that we can use the internet. We can de-identify and we can use it in ways. It's just we need to not assume there's going to privacy. If politicians haven't taught us this lesson recently, we're slow learners, don't you think?

Ofer Zur: Yeah. Again, I think it's a ... even what happened with the New York senator. When you and I are dead, Casey, these things, people will not blink about it. Young people are not very excited, kind of a "big deal" for them, you know? You had some cybersex with a young woman from Seattle, you know, they don't blink about it. But, we run the show, we make the rules, we write ethics codes, and we are out of it. It's just a matter of time before, kind of, our mores and our being out of touch, kind of, with modern realities would be gone and people will have just a new way of dealing with issues of sexuality and privacy.

Casey Truffo: This leads me to the natural, and I'm just going to go out on a limb here and say that I think it's natural if clients are going to Google us that we would want to Google the client.

Ofer Zur: I'm not sure if it's natural but before that, a few words about just how clients are Googling us. I would like just to cover that part. I call this the Google Factor and in the handout, I show 5 levels of the way the clients would Google us. If the prudent clients will do some curious level 1 or due diligent level 2, where they would do a little bit more thorough research. They may research our articles in scholarly searches, internet searches, and then comes the more intrusive search where they may go into LISTSERV and try to find us there. Number 4 is they're being deceitful. They may try to friend us on Facebook and some therapists are dumb enough to accept friends whom they don't know. If a client has a pseudonym, they end up

with a client who is a friend on Facebook. Be cautious about that. A client would do that or try enter a chat room.

The fifth level is illegal search or what we call cyber stalking. As I mentioned before, give me 10 minutes and probably 20, between \$20 and \$80 and I can find out your mortgage. I can find out your sexual orientation. I can find out the age of your children. I can find out where you live. I can find out how much you owe in mortgage. I can find out your divorce paper if you had one or the papers themselves. We can do illegal search and some clients do that because sometimes, the boundaries of some of our clients are very poor. This is why they come sometimes to therapy. There are five levels of searches a client can do, from appropriate and due diligent all the way to illegal or what we call now cyber stalking. Let's move to the next question. What about us Googling our clients?

Casey Truffo: And we can talk about how unnatural I am (laughs)

Ofer Zur: Is it natural? I'm not sure if it's natural. You know, actually, I'm going to backtrack. What do we need to do about if clients are Googling us? First of all, we need to Google ourselves, so one more point about that. We need to ... I hope every therapist right now who's listening to that will Google themselves and see what comes up and Google yourself with different combinations. For example, Google yourself like if you use my name to be Dr. Ofer Zur in quotes or Ofer Zur in quote, Dr. Zur in quotes, O. Zur in quotes, Ofer Zur PhD; so, like 6 or 7 combination that you ought to do in order to see what comes up about you. Then, I really urge everybody to sign up for Google Alerts. That means—you have Google Alerts on you, I can imagine, Casey?

Once a week, once a day, or once a month you get all the new posting where your name with all the 6 or 7 combinations come up. In my handout, I gave you the link to Google Alerts. It's free. It takes a total of 10 seconds to do that. If you don't know how to do it, get a high school dropout to help you. But again, get a Google Alerts, every person who listens to this program, so you'll know and you see what your clients see when they Google you. This is kind of Knowledge Therapy 101.

Casey Truffo: Let me just say for people who don't know. Google Alerts is, you put in the combinations like he just told you, and then, you will get an e-mail when anything out there on the web is posted with those names or whatever keywords you put in there. You could use it for your own name and all combinations of it. In that way if you see somebody is giving you a bad review or somebody has posted something about you in some way. It's also great if you're trying to research, and you want to have, like, marriage and family therapy as a keyword and then articles that are posted about that might come in and you'll have the opportunity to share those on your website or with your client.

Ofer Zur: I have Google Alerts about many issues that I'm interested in, like psychology of victims, PTSD, boundaries. I have probably 30 Google Alerts on my research topics. I'm just up to date with what comes up online, at least kind of what's available to

the public.

Casey Truffo: Let me just say again, Zurinstitute.com if you're looking for CEU programs, you must go there. He is up to date on every single topic you could imagine. Then, a new one. I'll get an e-mail and it's like, I just got one, animal-assisted therapy. Very cool stuff that you do. You're also giving our people a discount if they type in Leadership88, they get a 10% discount. If you're looking cool CEU programs, check it out, Zurinstitute.com. Thank you for doing that for us, by the way.

Ofer Zur: Yeah. We have a course on digital ethics, on these very issues that we are talking right now. Let's go back about us Googling our clients.

Casey Truffo: Okay.

Ofer Zur: Some of the questions that ... Of course, all the people say, "Oh, no. Oh, no." Let's go beyond the oh nos, the dinosaurs, and the rigid people, or the people who are kind of a ... We go back to the most thoughtful way of looking at ethics and to understand the context. It depends. What happens if you get a call from the psych ER and they found out that your client is unconscious, would you Google to see if they put a posting about suicide note and perhaps what they took? You're a single woman and you're working out of your home office; I hope you'll do a thorough search about men who come to your office if you don't have anybody else living with you and you don't have a big dog. About doing home visits, I've been teaching a lot about home visits and people sometimes, they're Googling to see where's the client, what kind of neighborhood it is, how many people got murdered in the last week, before they visit? I don't know. It's like a late evening appointment in their office building where nobody else is around.

Actually, I one time consulted with a therapist who wasn't sure if the client was a Fortune 500 executive or delusional. He was dressed down, as sometimes executives do, and he wasn't sure. He wasn't sure whether it was okay to Google the client or not. There are many situations that at least, you'll be intrigued or consider the idea of Googling clients. I have for example, in my office policies that Dr. Zur at times Googles their clients. I just put it out there. This is office policy that everybody reads, available on my website, too, as part of the 60-plus clinical forums that I have that everybody gets before they come to the first session. If they don't like it, they can tell me, "Please don't Google me," and I'll respect it or at least to sign something that they are informed of my practice that sometimes, and I don't typically explain when, I Google my clients. Informed consent is important for clients to know that you sometimes do that.

Casey Truffo: I have to interrupt you for a second here. I don't quite understand this. If it's public record, why would you need their permission to go after something that's public record?

Ofer Zur: Excellent question. Where our clients live, their homes, we don't drive by their home before the first session. It will be considered unusual and perhaps, highly

intrusive. The fact that it is public does not mean that we have the right to access it without letting them know. Think about that if your client lives in a certain place, you don't go and scout his or her neighborhood or park in front of his house and look at the house or the backyard, or look at the family just because it's a public access house. It's a good question, but the answer is we don't do that even though it's public access. We don't take the extra step to do it, to drive to our clients' homes or other business, or whatever it is, just because we are curious. There has to be a reason for that.

Casey Truffo: Yeah, I hear you. I hear you. I think that there's some expectation of privacy if I'm in my own front yard. I mean, even though it's public, it would feel creepy if I saw my therapist driving by, for sure.

Ofer Zur: It's a drive-by.

Casey Truffo: Exactly.

Ofer Zur: It's the same idea. The fact that it's public does not and ... I don't say not to do it. What I say, inform the client and many clients won't blink about it, and some people would be upset and it would be a good dialogue, or may not see you and that's okay. The thing, given the client, we have an ethical obligation to inform clients about us accessing these public spaces.

Casey Truffo: When you say that, is that documented in the Ethics Codes or is that you deciding that we should be doing that as ethical and you're trying to get them to?

Ofer Zur: You know, it's a fantastic question, Casey. It's such a cutting edge piece, this whole digital ethics. We don't have an established standard of care. We do have ethical guidelines that talk about respect, that talk about the importance of informed consent, and talk about issue of loyalties and respecting privacy, and all these issues. I took all these principles together and try to see how in a non-rigid context space I can implement this principle in regard to the new technologies. So no, we don't have laws about. We don't have case loads. We don't have board hearings with decisions about it. It is a thoughtful analysis of the ethics code in a non-rigid way, in a context space that means what's right in one context would not be right in another context and try to applies ethics principle of MFTs, social workers, psychologists, to these new digital realities.

Casey Truffo: What I hear you saying is really cool, because that means we're in the cutting edge, all of us, you and all the people that are listening here.

Ofer Zur: Thorough analysis of the principles and application to new realities are not that hard. The informed consent is not that far-fetched. It's not that I'm going on a limb here and propose something really outrageous, which I have done in other situations, but that's not one of them.

Casey Truffo: Let's talk about bartering.... The thing I love about you as we've known each other

over these years is that you love it when somebody disagrees with you.

Ofer Zur: Yeah, yeah. Make my day, please.

Casey Truffo: I read your stuff on this. I've heard you speak on it before. This was the one that got me. You know, I've had clients call me for an appointment and as a practice-building coach, I often get therapists who have gotten themselves into some kind of trouble and now want to become coaches. I tell you, I Google them. I want to know what kind of trouble they got themselves into and I want to at least know what the complaint was. They can give me their side of the story, for sure. It's not like I'm going to make a judgment on the complaint, but I want to know what that is before I choose to even go further in the relationship.

Ofer Zur: You shifted from a therapist's client to consultant.

Casey Truffo: Okay.

Ofer Zur: It's a huge shift. I do forensic work and there are different kinds of rules and parameters of discovery. I think inform people that you consult with, that you do engage with, it is the respectful things to do. We cannot translate a therapist's client to consultant because we don't have the same kind of relationship, the same kind of loyalty, there's supervisor relationship, there are therapist relationships, there are consultant relationships, and there's forensic relationships. There are many others. Each one of them has different parameters and has different obligations, and a different level of commitment. You probably have much more latitude as a consultant to do that. If you have a contract with them, I think it would be nice if you put it in the contract that you may be Googling them. It would be a respectful informed consent, but you have much more latitude as a consultant than you have as a therapist.

Casey Truffo: Okay. That's really important. We could go on, I imagine the chat is just going crazy about this as we're talking about it. We're going to have you back live in just a few minutes after we play the recording to answer some more questions about that. Shall we move on to about what happens if we get a bad review or do you want to keep going?

Ofer Zur: Yeah, absolutely. I think this is really important. All of us getting tons of bad reviews at times or many of us in just a little time, before you get a borderline who loves you one week and next week ... There's no probably a couple of weeks that I don't consult with people who got really bad reviews. Sometimes, it's 50, 60 reviews. It means people created whole websites about the therapist. So, the question is what to do. The most important thing, it's also in the handout. I gave a list there. Don't act impulsively. Just don't. Because you try to fix it could be the worst thing that you can do because now, these clients who wrote these negative review can start quoting you. Now, you're really looking bad. Consult with experts on the event, and there are kind of more of us, kind of that have some ideas. I can tell you, at the end of the day, there are a lot surrender here. With all our expertise, there's relatively



little we can do but I'll go over the list.

Casey Truffo: Okay, great.

Ofer Zur: Try to resolve it amicably. Sometimes, the borderline can swing back and you can take it offline, and stuff like that. Sometimes, say it's a big misunderstanding. See, if you have a clear defamation, somebody accused you of a criminal activity, prostitution, or insult your sexual orientation; this is actually illegal. It's not just an opinion. Then, you can contact the webmaster or the server, and they have to take the page off unless they remove the information. If there's some liability, if it's clearly defamation, it means if you're being accused of criminality and stuff like that. Most of the time ...

Casey Truffo: Let me interrupt you. That's really an important point because if it's just their opinion that you're a bad therapist or if they said you didn't show up for the last 5 sessions, it was not nice to you but it wasn't accusing you of being a drug dealer ...

Ofer Zur: Or a prostitute.

Casey Truffo: ... or a prostitute, right.

Ofer Zur: Whatever, this is kind of [crosstalk 00:29:06].

Casey Truffo: They're not to apt to take those down.

Ofer Zur: They will not take it down.

Casey Truffo: Yeah.

Ofer Zur: When you talk to Yelp.com, it's very clear that they'll tell you, "We will not take it down. We will not tell you who put the review, if it's a pseudonym. Only a judge ... " They said it very clearly, "If it's not defamation, clear defamation, it's just an opinion, only a judge can get a subpoena," for them to tell you who put it and only a judge could order. This can be big trouble. There was a case in San Francisco for I think a chiropractor who tried to fight negative reviews, he won. I think he spent a few hundred thousand dollars. He won the case, but his practice was gone. So, fighting it ... Reputation Defender, it sometimes help people that have a mixed reputation, or Electronic Frontier Foundation, EFF.org, is also in my handout. It sometimes help people. The best thing to do that we know is to try to bury the negative content with new publications. If you have a website, for example, it's likely to show up first. Don't solicit testimonials with clients. It's unethical.

However, you can bury on Yelp.com, in sites like that you can bury negative posting with positive ones from colleagues, supervisors, et cetera. Yelp may not put this positive one because somehow, they like the negative or seem like they like the negative a little bit more than the positive. You can bury unsavory content with new postings that are more positive but not from clients. In other words, don't be

impulsive, consult, try to bury the negative content with positive, and at the end of the day, you need really to surrender. There's a lot of surrender here. It will not destroy your life. There are websites that will show up first before Yelp, before other postings.

Casey Truffo: Right. Do videos that you can put up on YouTube. Send articles to the e-zine article directories, make sure you have a LinkedIn profile, Facebook, those kind of ones are going to come up higher than Yelp.

Ofer Zur: Have a Facebook page.

Casey Truffo: Facebook page.

Ofer Zur: Be thoughtful about it. Do not act impulsive. Consult. Make sure you have enough positive content to bury the negative one, at the end of the day it's an exercise in surrender. It will not destroy your career.

Casey Truffo: I think it's also kind of interesting because sometimes, if you get a bad one amongst a bunch of other good ones, it really stands out as "Oh, that must've been a crazy person that did that." It doesn't hurt you in the same way that you might think.

Ofer Zur: Actually, there's some research that says that having a negative, one or two negative among the positive increase the likelihood that you'll take the positive more seriously.

Casey Truffo: Interesting. You and your daughter talk a lot about this thing called the digital divide. I know we've done it a lot of times, but there are a couple more things on e-mail I want to get into a minute. Can you just share a little bit about what that is?

Ofer Zur: In the world of ours, in the 21st century, we have a huge divide between the young ones who were born into digital technologies and us, older ones, who need to migrate. It doesn't mean that we are not good at that, and not all digital immigrants are created equal and not all digital natives are created equal, but there are basic differences with the ways they communicate primarily through Facebook and through text rather than through phone or face to face. The sense of play is very different because a lot of the text players online, socializing definitely in this day and age through social networking, they learn online.

They don't value necessarily even degrees because they can go to Wikipedia. They create videos and they create all these funny images. The sense of work is different. It's 24/7. Wherever the computer is, they can work. They don't read the way you and I read in some regard as they read short paragraphs. They multitask or hop from task to task. The sense of self and privacy I mentioned earlier are very different. It's a huge topic and it's not rigidly defined, but then we can talk about generalization between these two generations of the digital immigrants and digital divide. My daughter is my best teacher because she's a digital native.

Casey Truffo: I love that expression because I think about people that are, say, have different languages like you have Hebrew and those of us that had one of those as our primary language. Even though we're talking in the other language, there is like a little moment of conversion on that [crosstalk 00:34:13].

Ofer Zur: Absolutely. Absolutely. Even us, immigrants that migrated to, like I asked my son yesterday how to change my profile on Netflix and he said, "Dad, you can do it." Why did I even ask him? I mean, it's like, they don't think this way. They just try. They intuitively try. We need the manual. We need the kind of step 1, step 2, step 3. We did a whole program on that, actually, so people can always access your old programming. We had fun talking about, just about this topic for a whole hour, which helps parents and help HR people and teachers to understand the differences between our generation and the younger ones.

Casey Truffo: Yeah, I think that's great.

Ofer Zur: We see it in therapy, which brings us really to the next topic as to what is it, when is it, what about clients sitting in the session and the phone buzz, and they read a text, and they respond to the text. We older therapists get all huffy about it because we think it's rude, and we think they don't value us, and they don't value our therapy. We get all these digital immigrant judgment on a different culture. It's a beautiful analogy that you wrote about it's a different culture, and we pride ourselves on understanding different culture, we pride ourselves on the digital differences, but we're really terrible at that because we just have this ... We are full of judgments about what is rude and what is appropriate. I have clients that respond quickly to phones, primarily to texts, but sometimes it's interesting to hear them even talking to somebody else. It gives me more perspective about their lives. Sometimes they get a video in the middle of the session, so I get out of my seat and sit next to them on the couch and watch a video that them and their friends have created an hour ago.

I've kind of incorporate it. Now, sometimes it could be excessive, it can be highly interruptive, and they cannot focus. This could be definitely a good discussion, but not for the moralistic point of view and not talk about resistance, and not talk about rudeness. Try to understand what culture they come from and it can be excessive. No doubt about it. Most of the time, it doesn't interrupt your way of thinking because they have a brain that can hop very, very fast. At the end of this consult, I'll go back to the living room and my son will be on Facebook, will be watching videos of himself playing basketball, and perhaps another video of NBA, maybe texting in between, and talking to me on top of all that. They can do that. They do it sometimes in therapy. We need to understand they can hop very efficiently the way you and I cannot. At least, I talk of myself, I can't.

Casey Truffo: No, I'm with you on that.

Ofer Zur: They have different brains that can efficiently, and effectively, and rapidly can switch from task to task. This is the kind of a brain that you probably don't have

and I for sure don't have. We need to differentiate it from partial attention or multitasking to 100% full attention that goes sequentially from task to task.

Casey Truffo: Thank you for that. That was worth the price of admission for me alone. Thank you. I want to get moving on if we could, to e-mail. I know we have a lot of e-mail questions. You and I talked about some of these. Are e-mails considered psychotherapy?

Ofer Zur: They do. E-mails is part of psychotherapy. Significant e-mail needs to be, kind of entered into the clinical records or the e-mails just being kept as part of the record. It doesn't need to be written into the record. It can be just exist on its own in the e-mail file, but is part of the client's file, its electronic file. The answer for that is yes and I do put it in my office policies, too, that texting and e-mail are part of the clinical records. Sometimes people, especially the young ones, they write things without thinking much and they don't care for transparency. But if they do, I let them know that e-mails are part of their records.

Casey Truffo: Concrete question. Do you then put it in the clinical record even if it's just like an appointment change?

Ofer Zur: I treat it like a phone call. If it's insignificant, I will not put into the clinical record. If it's significant, talk about suicidality in the e-mail, if we talk about a death of a friend, talk about depression, talk about anxiety, talk about disassociation; if it has clinical significance, I'll include it in the records. If not, I'll just leave it as an e-mail which still can be accessed any way as part of the clinical record. I'll treat it like a phone call. We don't record every phone call, every phone appointment, "Sorry, I'd be late 10 minutes." We don't record it. We don't need to record it. If you record it, you are on the obsessive side.

Casey Truffo: Okay. I'm assuming that all therapists in the ... Now, we're only talking in the US now, they need to be HIPAA compliant. Is that right?

Ofer Zur: I think HIPAA become part of the standard of care so, my recommendation, yes, technically if you don't store it online and you don't communicate online, you don't submit bills online; you may not need to be HIPAA compliant, but then I think that it is becoming part of the standard of care, that's my recommendation.

Casey Truffo: Yeah.

Ofer Zur: Definitely, if you use e-mails, you need to be HIPAA compliant because you're transmitting electronic records of these clients. Confidential records.

Casey Truffo: There may be many services, but one I know that the Online Therapy Institute people recommend is Hushmail, which is encrypted. You sign up for a Hushmail account, your client signs up for one in that way, you can at least send encrypted e-mail if you're going to do some kind of online therapy via e-mail.

Ofer Zur: If you're going to do telehealth, you need to deal with encrypted e-mails, no doubt. But for most therapists who do not to telehealth and we won't be covering telehealth today. It will be beyond kind of what we'll talk today. Encryption is a very complicated issue that HIPAA did not give a kind of play-by-play, how to do that. It just talked about very general terms about encryption. What I say, I give my clients, I tell them, "This e-mail is not encrypted." Then, they choose and make an informed decision whether to use the e-mail to—about an appointment, about whatever they want to talk to me, but it's not part of telehealth. It's part of kind of face-to-face traditional therapy. Most therapists do not use encrypted e-mail with clients. It requires the clients to be transparent so many clients don't want to do that. They're not interested to do it. Telehealth is a completely different platform that need to be used.

Casey Truffo: Excellent. I know you have some thoughts about the e-mail signature.

Ofer Zur: I'm not sure that you have an e-mail signature to talk about. It's not encrypted and not to use it for emergencies, and basic stuff like that. My e-mail signature says that "Dr. Zur sometimes is out of the country for 3 months," or something. I just give a sense that if you tell me that you are suicidal in the e-mail, I may not read it for 3 months. I may be climbing Kilimanjaro or whatever I decide to do.

Casey Truffo: [Crosstalk 00:42:13].

Ofer Zur: [Crosstalk 00:42:13]. The e-mail just is another part of the informed consent that there is, that we inform our clients, that they need to make an informed decision.

Casey Truffo: You said texting, if you use that, that's part of the clinical records, too.

Ofer Zur: Absolutely. Again, it would be like phone calls and it depends how significant they are. You need to remember that texting can be retrievable. You can actually print. There are experts who can go and get you ... Especially if you keep the texts. If you don't keep the text, it's more complicated. But there's a client I've dealt with some cases where the client actually, in other cases with their therapist, both of them kept the text and it takes an expert a total of 20 seconds to print all the texts. Of course, there's some services, but they are not really HIPAA compliant necessarily, Google, that they transcribe both phone messages as well as texts. You get it online, but you need to make sure that they are HIPAA compliant if you're going to use any of the services, so you don't have confidential information just floating on the web.

Casey Truffo: I know that this is a super hot topic and I know the chat is probably going crazy. I really want to talk about two more things. One is thoughts on computer security.

Ofer Zur: I'll give you the short answer for that. We have a password and a virus protection. Everybody has a firewall by now and a backup system. A backup system can be, now most people are moving to cloud storage, cloud computing. Many of them are HIPAA compliant and say it upfront. An external drive or kind of way back machine,

and access log if there's more than one person. We don't want to finish this conversation without talking about Facebook.

Casey Truffo: I know. I was thinking, how long are we going to go without talking about Facebook, but here we go.

Ofer Zur: Facebook, the million dollar question is can we have a client as a Facebook friend? The main concern is confidentiality. The second concern is what your Facebook look like. Is it a professional kind of page or is it a personal page? What you already mentioned earlier and you are right on, is that we need to separate and differentiate between a profile and Facebook page. Most therapists who want to be successful in the 21st century better have a Facebook page that is accessible to the public because it's part of marketing. Most therapists in the 21st century better have a Facebook page besides their profile and this will be a professional page where clients be able to access and read, because this is how marketing is taking place in the 21st century. Not having it keeps you at an incredible disadvantage. It does not mean that they can be your friends on the Facebook page.

Again, the younger generation have different attitude towards their Facebook profile and don't feel so tight about it. Make sure your privacy, that you don't rely on the privacy setting completely, but then you can still nevertheless use them appropriately and you know about it more than me, so you kind of know how much you could access it or not. Have a social media policy. As part of the office policies, when you talk about ... In mine it will say, "Dr. Zur will not accept clients as Facebook friends due to confidentiality concerns." You explain to clients that actually, it's for their protection. Do they care? Some of them do, some of them don't.

Casey Truffo: Wait. Let me understand, let me understand. They can like your Facebook page, as anybody would, so that's like your Yellow Pages ad, if you will, and not like that, but it's a public piece that you can post stuff out. Then, there's you profile where people could ask to be your friends and we're saying no to that, and we're explaining why.

Ofer Zur: If you have a client as a friend and start communicating regarding clinical issues, it's completely unprotected and it's a nonconfidential setting. This could be a major concern, but the differentiation about the page versus the profile is what most therapists do not understand. It's very important to have a page as being, existing on the planet in the 21st century. You said it really well. The other question is, does having a client like your page make it into a relationship? No, because you don't have any social relationship. However, being a friend on your Facebook profile is a type of dual relationship. Now, not all dual relationships are unethical, but that's not really a highly advisable one. Again, it depends. Some people keep their profile very professional. Even friends at this level will not constitute unethical dual relationship. However, as a confidentiality issue are still a paramount importance here.

Casey Truffo: Right. I'm going to cut away now and we're going to get you on live because I know that there's going to be lots of questions. I just want to end this and I hope I started it with, if you have questions, ask your legal and ethical advisors. I know that you do consultations, do you, Dr. Zur?

Ofer Zur: I do a lot of consultations with all these issues of digital ethics. Again, a good place to start would be to take my course online with Keely Kolmes and we combine together a fantastic 8-CE BBS-approved APA-approved for social worker, psychologists, and MFTs. It's a really good place to start. Don't forget the leadership88, discount code. You get a 10% discount.

Casey Truffo: Thank you. Thank you. Keely's one of our good friends, too. Thank you very much for doing this and we'll see you in just a minute on the chat.

Hi, everybody. We're happy that you're here. Thank you very much for being here. Wow, that was a rather spirited discussion we had there in the chat.

Ofer Zur: This was actually a very fast topic [inaudible 00:48:58] if you're writing something. You pick out some of the discussion and this was a topic [inaudible 00:49:08].

Casey Truffo: Yeah. It was amazing because what he's talking about there for those of you that are watching this on the replay is that we had the chat going. Some people were listening very quickly on the chat and then, they were hopping over to listen more and then, they write in the chat. Then, we were debating in the chat and then, back to listening. A really good example of the hopping that you were talking about before. Anything that came up in the chat or anything that you didn't say that you wished you would've said, Ofer?

Ofer Zur: Oh, my goodness. You didn't need to ask this, Casey. I can talk for another for 5 hours on these issues. I think this was a topic with all kinds of new complexities. We said something about the ethics codes that you asked me. There are two ways to go about this with these ethical issues. One is to look for a new code like ACA and I think it's Canada and other organizations that have specific codes for telehealth. APA, The American Psych Association sort of want to do that, which is not necessarily a bad idea because you can apply the codes for [integrity] and confidentiality, all these principles that are right now already existing in the CAMFT code of ethics or the APA code of ethics for telehealth. So I'm not sure that it's necessary to have new codes or revised codes but the debate is how do we apply. What I like about where we are right now is that we are not sure and the people are getting very anxious if we don't have a clear answer. You know I love it.

Ofer Zur: I encourage people to think well, rather than to don't touch, don't barter, don't Facebook page, don't, don't, don't, don't text and all these dumb ideas that are irrelevant to 21st century practice.

Casey Truffo: I know. The idea of the texting is one that when Christine Corral and her husband, Doug McLaughlin brought it up at our paperless office topic, I'm like, whoa. The

idea of texting a client, I started to freak out a little bit. And then I remembered you, and what we've talked about, which it really is, you know, she was texting him just on appointments. It wasn't as if she was texting him on doing ...

Ofer Zur: You could text even clinical information if the client is aware of the limitation. Leaving a message on the phone machine will be much less private than texting. People can text in the middle of classes, in the middle of the theater if they want to communicate. Many times, texting is more convenient than phone calls. Secondly, we don't have a phone for that. The young ones don't talk on the phone. If I want to talk to my son or my daughter, I text. I mean, they're not going to pick up the phone and talk to us very readily or if you do it, it will be reluctantly. You can get so much more information from young people via text than other means of getting information. They don't do voice chat. They don't do voice messaging. If we are so proud of ourselves about meeting our clients where we are, well, we better start texting them without getting huffy about it.

Casey Truffo: Yeah. I think that's a really good thing. I know that there are many people I know that the only way I can reach them is through instant message. If I try to leave a phone message or ...

Ofer Zur: Absolutely. There's nothing wrong with that. It's there risk benefit analysis. I don't find this all that great of a risk leaving a voice message. Any of the voice message people right now are being recorded on some kind of digital forms. They get it via e-mail. I don't think it's necessarily more protected than that.

Casey Truffo: Yeah, agree.

Ofer Zur: It's their choice and we need to honor people's choice by giving them the information so they can make the informed decision from thereafter. We need to respect it.

Casey Truffo: So, Zurinstitute.com, you guys got to go check this out if you haven't already. It's quite honestly, where I get all my CEUs every year. It's just got great stuff. You've got some stuff on telehealth. You've got some stuff on all of this and Digital Ethics is a great course there if you're having some questions about that. I really invite you guys to think about this because the topics ... yeah.

Ofer Zur: I want to make a big announcement. We are going to be featuring the Casey Truffo on our next telehealth update advanced course. That's exciting news.

Casey Truffo: I'm very honored to be a part of one of your courses. Talk about the pinnacle of success, Ofer, I've reached it if I can be in one of your courses.

Ofer Zur: You know, Casey, you have so much to offer. You've got a focus on the field for, you know, to look at what we do as a business, and the business that we do is joy, and integrity, it's fun and success that we came to a field with so many clinical orientations, to have a thought of how to do business, unlike the dentist or



chiropractor. So you kind of found a fantastic way to do this in a way that is really, really fun, that maybe we can find our calling through our vocation.

Casey Truffo: Thank you, Ofer. Thank you for being a beacon and the lighthouse for us. I adore you. Really, can't wait till our next meeting. Thank you for being here with us today.

Ofer Zur: You're more than welcome. You know, I'm very responsive when people ask questions and stuff, we can continue the dialogue.

Casey Truffo: Excellent, excellent. All right, guys. Thank you. Bye, Ofer. Bye, everybody. See you next time.