# Ethical Considerations in Dance/Movement Therapy and Technology: A Tip sheet

Electronic communication and distance therapy present an extended interactional context in professional therapy practice. Technology is fast, informal, reaches far and wide, and is durable. The very qualities that make technology compelling and hold its promise, introduce risks. Ethical technology assisted therapy practices remain informed by fundamental ethical principles and governed by current code and standards clauses. The following tips are compiled from multiple sources. They are a summary of the power point slides from the ADTA conference presentation Schelly Hill, E. & Sevett, P. (2012) The Ethical Use of Technology in Dance/Movement Therapy. Perhaps most importantly, we recommend that you dialogue and consult as you explore the frontier of technological applications in dance/movement therapy practice. Slow down the speed of electronic media transmission by pausing to consider its ethical implications. Additional resources are listed at the end of the tip sheet.

E-communication (extra-therapeutic contact)

1. Explicitly communicate e-communication boundaries with clients in an informed consent procedure (what forms are acceptable, in what circumstances, how soon can client expect response)
2. Communicate risks inherent in e-communication (risks to confidentiality, anonymity, privacy, risks of limited access to visual cues)
3. Passwords protect your computer; store client communications in an encrypted folder.
4. Maintain professional boundaries. Maintain professional language and tone. Create a therapy specific email address.
5. Have a method for confirming identity.
6. Enter emails with therapeutic content in the therapy record.
7. Invite extra-session e-communication into the next session to read and discuss.
8. Communicate an emergency policy and limits of e-communication for emergency purposes.
9. Explicitly contract for any e-therapy practices.

Storage and Transmission of e-Records

1. Be informed about HIPAA regulations with regard to electronic therapy records.
2. Password protect computer; store records in a password protected or encrypted folder, use PIN # ID rather than client name. to identify record
3. Discuss risks to confidentiality and precautions taken in informed consent procedure.
4. Back-up laptop records. Transfer to disc for permanent storage.
5. Use a computer security cable when travelling.
6. Routinely update virus protection and firewall.
7. Store video documentation in disc form in a secure cabinet rather than on computer.

Social Media

1. Include a social media policy in the Informed Consent procedure.
2. Inform clients that you do not respond to client friend requests.
3. Use high security settings on Social Media sites.
4. Check the internet re: public information posted about you.
5. Check groups to which you belong.
6. Agree to discuss any inadvertently discovered information.
7. Do not search for client information in Social Media sites.

Social Media and Announcing Services/ Developing a Professional website

1. Use professional rather than commercial standards in announcing services.
2. Check your tone and content: maintain professional boundaries in posted text and graphics/photos.
3. Do not solicit or post client testimonials
4. Check weblinks posted on your site
5. Include pertinent information
6. Provide links to your credentialing bodies.

Distance Supervision

1. Acknowledge limitations and initiate meta-communication about the distance supervision process.
2. Engage in informed consent re: potential limits of confidentiality and privacy.
3. Use secure means to transmit video documentation of sessions for supervision purposes.
4. The video permission/release should explicitly state manner of transmission, inherent risks, and precautions taken.
5. Develop supervision methods responsive to distance media.
6. Review liability coverage and state laws re: interstate commerce with regard to supervision across state lines.

Distance Therapy

1. Discern which clients, clinical situations, or therapeutic issues are appropriate for distance therapy.
2. Literature suggests that ideally initial meetings/assessment will involve a face-to-face session. When possible alternate distance therapy with face-to-face meetings.
3. Initiate meta-communication about the distance therapy process.
4. Acknowledge limitations inherent in lack of access to visual cues; this may necessitate increased checking in about communication intentions and meanings.
5. Initiate confidentiality safeguards and acknowledge limitations of confidentiality.
6. Develop a contingency emergency policy that includes referral/support resources in client's local community.
7. Review state and interstate regulations, insurance reimbursement, and professional liability policy re: distance therapy.  The site of therapy is usually considered to be the client's geographic location, in which you may not be licensed.
8. Prepare for alternative means of communication in the event of technology failure.
9. Develop movement structures that are responsive to distance media.
10. Engage in peer communication/support re: distance therapy practice.

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