

# E-THERAPY, DIGITAL JOURNALS and 24 HOUR ONLINE THERAPEUTIC CONNECTIONS, ETHICS, HIPAA, SECURITY and PAPERLESS OFFICES

**How it helps you. How it Helps Your Therapist. How it helps “both” in Psychotherapy.**

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INTRODUCTION and ARTICLE SNAPSHOT. As online therapy services have expanded to an e-services model for the social helping professions the mechanism has matured to an emerging national standardization guideline (*Social Workers and e-therapy*, n.d.). A digital overlay platform is an electronic delivery format used in “e-therapy” – either as an exclusive mechanism or more commonly in addition to traditional face-to-face services. Digital e-therapy services offer unique [online access](#) any time of day or night and bridge gaps in services for remote areas, rural communities and across borders, except where/when state/national licensing authorities prevent it. This article addresses the online digital journaling feature of one overlay platform, where the comprehensive digital platform includes live video, live chat, secure email, sharing of session diagrams and notes, assignment postings and follow-ups with provider side and client side access. The digital practice platform is critical for providers moving to the use of technology as EHR, HIPAA, encrypted communications, texting, electronic billing, credit card processing and digital time stamp foot printing are necessary. In late 2017, the NASW updated its Code of Ethics (National Association of Social Workers, 2018) to be more in line with digital technological advancements in the mental health world, so that providers who will ultimately be required to move to electronic mechanisms, need to know what minimal standards exist and how to comply with them.

Questions abound about seeing clients by video (many use not HIPAA secure platforms unknowingly) and if these services can be provided across state lines (providers can, as of this article update, only see video clients in HIPAA secure video platforms where the provider is licensed) along with other concerns, such as: BAA agreements, HIPAA Compliance, Encryption, Synchronous and Asynchronous communications, limitations in texting, use of email that is NOT encrypted (any public domain for example) versus an encrypted platform, use of wi-fi that is secure vs non-secure (where encryption resolves this concern), 24 hour client side portal access, and more all increasing resolved using certain digital mental health platforms (only a few off all of these benefits and standards to providers). The information generated in this article is approached from the provider side and the client side paradigms, hoping to support the nationalization and professionalization of digital mental health services (even for providers who only see clients face to face).

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Online user access offers mental health providers a “real time bird’s eye view of the client” using secure digital journaling technology. Synchronous and asynchronous data, as expressed in the journals of clients, particularly given the “always on” point of entry for the client (a laptop, PC, Mac, Tablet, and cellular phone) helps both the client and the treatment professional. Subsequent assessment, care, and communication is a by-product of 24 hour online client side access – securely available and encrypted exclusively between the client and the professional (one digital platform can handle any size caseload, managed by the administrative provider and provider support personnel). Additionally, clients have access to online private practice material, scheduling, billing and other “always on” virtual services, without having access to any other client information. In essence, the client has a direct link to the provider. Enhanced real time communication (as well as asynchronous shared/reviewed information between the client and the therapist) is believed to broaden and improve treatment planning, allow up to date modifications to care, and overall it is believed to improve efficacy.

Implications for best use, records, privacy, and information management is also addressed in this article. E-services, in a social technology era, improve services accessibility, facilitates ongoing collaborative partnerships, and provides a unique medium for “mental health triaging” between critical and non-critical life events. Whether online video, chat, and journaling are paired with traditional services (or not) specific treatment indicators are often better expressed in the written word, many times by client preference and comfort, but also by clinician assignment and request.

This article explains and describes the expanded services model for clients who use e-therapy services, the online journaling feature, and the Secure Client Area of the [TalkifuWant.com](http://TalkifuWant.com) web portal. The features of the secure platform can, but do not necessarily replace face-to-face services; however statewide talk therapy is now credibly available. Until national health care standards (licensing, third party payors, and EAP programs) catch up to the digital advancements in mental health care services delivery, and even as a global services platform is possible, at present it is limited by jurisdiction and a degree of reservation due to variations in state to state regulation. It is believed that a national (federalized) standard could be developed, whereby e-services credentialing could be streamlined; state licensing might meet a minimum e-therapy services standard, however with additional continuing education requirements national services might one day be available. Regardless, thanks to [digital advancements in mental healthcare services](#) professional licensed mental health professionals can/could use digital social technology; social services technology is not a social network, as client to client contact is impossible in the digital overlay. Finally, online counseling services can be effectively, delivered to clients who are served by practices, which incorporate this kind of deliverable.

Generally speaking, journaling is a self-soothing exercise. In a narrative / biblio / poetry based treatment approach (see Barker, 2003; Nichols & Schwartz, 2005; The Center, 1999) information is useful to the client. Narrative, in therapy terms, is based on the idea that clients tell their story, their way, using their words. Meaning matters. In a narrative expression, the story telling (or the story reading in the biblio context) provides meaning and clarity enabling improved self-awareness, aiding with depth in understanding. The improved understanding, connection, and interpretation can benefit not only clients, but also the mental health treatment provider, where shared journals are easily accessed and mutually utilized. Use in immediacy is the benefit to the client and access to the exact journal content later is the benefit to the provider - particularly in secure digital environments.

In the narration, the writing becomes similar to an outlet where “something” is stated, and what is said is “taken and held” regardless of how it is said. It is in “this digital journaling space” where being “heard” is possible. Topics in the digital realm remain “there” until and when the provider accesses the shared journal. Once accessed and reviewed by the provider the information can be used as collateral data confirming (or contraindicating) treatment strategies, goals, and methods/approaches.

The paper (or in this case the computer screen) “takes and holds” information. For clients using the private digital journal, the expression of the story is emboldened by a degree of anonymity and autonomy – as it is being written. The decision to share the journal can be made much later (if it is ever made to share it). There is no risk of judgment, ridicule, backlash, or problem solving for the client to face; for the provider there are no cognitive reframes, dissonance questions, and/or “how does that make you feel” jargon to use. Even so the awareness that a clinical view may later occur adds credibility to the meaning (client side) and interpretation (provider side).

Generally, because there is no dialogue for processing (as might happen in a face-to-face session) at the precise moment journaling occurs, the content expressed may be more accurate (if social desirability is lessened for example). For other clients the idea that the journal may later be reviewed will cause hesitation or suspicion. The benefit to the “private digital journal” and the “shared digital journal” resolves such concerns. The “private” setting means the clinician has no awareness that a digital journal was generated. Shared journals offer a different consideration where a therapist can recommend an assignment.

Whether the journal is private or shared, the digital platform offers a “place” for clients to go when nothing else is available, or when a narrative story telling approach is preferred. From the client perspective the view might be summarized this way: “I need to talk - now; and it doesn’t matter since the person who hears this is my therapist; they can read the shared journal later.” The client perspective could be “I think this information might help for an upcoming session;” or there is the possibility that “because the information I share is confidential I can dump it all here.”

What does it all add up to? A degree of trust emerges in electronic journaling where a client has full control over what is shared and what is kept totally private. Once the information is shared (a private journal can be shared days, weeks, even months later) there is an added benefit to the initial narrative therapy aspect because now the clinician is engaged in the exact thoughts, feelings, and behaviors as recorded. Before sharing a private journal, a client can read (and it is recommended as well) the contents – and decide if sharing seems helpful. Whether shared or not, the reading of a journal may add a bibliotherapy variable/benefit.

Bibliotherapy, different from narrative, is all about reading. Usually this does not refer to the reading of one’s own narrative. It is argued here that clients can benefit in reading their own writings. Books, what might come to mind in a biblio approach, can be somewhat like music; the “genre” one chooses to read is not nearly as important as whether or not the reading is helpful, interesting, revealing, and engaging. Not only books, but also periodicals, newspapers, (I pads, Tablets, cell phones, Kindle’s, Nooks and any other gadget I have failed to list) and digital journals can be read with a plausible therapeutic gain. Like a novel, a short story, a biography, science fiction, and even the news --- have value to those who write and to those who read (see more about [communication and iconography](#) here).

Using a private side digital journal, initially, and then later after it is reviewed to determine if/what subsequently to share with the therapist – would be a form of bibliotherapy (occurring online in the secure encrypted digital secure area). In this case, the author and the reader are the same person – the client. An added benefit to the shared journal is the clinical review (and sometimes a digital reply). The review might help with a client’s “read” and with a client’s “meaning.”

Sometimes therapists will ask clients to write a journal as an assignment; sometimes clients will elect to write a journal “just because.” In the e-therapy era, the journal is accessible by clients 24 hours a day. To be sure, there are those clients who do not journal but could benefit; here is where the therapist might ask for a journal (which can be written as “shared” or written as “private” in the digital platform).

The client-side services in the digital overlay platform, gives clients an added sense of 24 hour connectivity. It is a private place to “just be you” and “just for you.” It’s encrypted, password protected, and in a private journal example the clinician is not involved in the narrative/biblio work – even as the journal is done. Client information in the private digital setting is more secure, and it may be even more private and helpful than “the little black book hidden under the pillow.” Reading private journals later, besides the bibliotherapy value, may help clients to also see progress from the early stages of therapy to the later stage.

### **Using the E-Therapy Online Journal**

With online journal assignments it is helpful to journal in the private setting, and then to re-read the journal 24-48 hour after it is first written. The follow-up is so that clients can think over what it is they would like (or not like) for the professional to see. There are things that, for whatever reason, clients like to keep private and the digital platform is a secure way to do so.

The first time private writing will ensure a “non-filtering” possibility (that is, while privately writing, clients may write journals more openly and freely). Further, in a client centered practice perspective, it helps to support clients in their decision of what to share –and– in their decision of what NOT to share. LATER is the time to decide, however. For the first part of a journal assignment (or even for a self-prescribed journal) it is ideal to freely write. Until? Until done.

For the beginning phases of care and treatment clients will usually write more journals (as opposed to later phases of care). Sometimes the opposite is true too. Electronic journals that are private do not appear in the client’s digital file on the clinician side of the digital platform. Shared journals do appear in the client’s digital file, thus once shared, the clinician is notified that a journal is available for review. Because a digital caseload can include many different clients, each with their own private/secure digital access, it is feasible for several journals to appear for clinical review every week. Because several journals will appear in the client digital file “catch up” time by the clinician is a matter of time, and time management.

Early in care, and depending on the content of the journal, clinicians can (and usually do) reply to journals (but not always). Clients will want to be aware that journal information shared with the therapist is certainly a part of the clinical “work” and a part of the “clinical picture.” Shared journals are also a part of the “clinical record.” An assignment of a journal is clinically indicated from some sort of professional determination; a voluntary journal may not have been clinically suggested, however it may still have some clinical value. Even the recommendation of a journal assignment could be considered a part of the record (whether a client decides to complete it or not).

Either way, clients who use the shared journal feature in the digitally secure profile – are doing so in a platform that is encrypted directly from the client side of services directly to the therapist side of services. Unless the journal is an assignment, a recommended way for clients begin is to do so privately. Sharing something later, after the follow-up re-read, will assist clients in deciding what is really imperative for upcoming sessions, what it is they would (would not) like to have in the clinical record, and the re-read likely has a biblio-therapeutic value (whether the journal is shared or not). Remembering there is a narrative/biblio benefit to the journal feature, is sufficient enough to suggest the method as generally helpful.

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### **Ways to Distinguish Information that Adds to the Clinical Picture**

When the clinician replies to a shared journal (which is different than a reply to a secure email) adding an ALL CAPS word to the journal subject line can assist both the client and therapist in its direct clinical value (there may be an in-direct value, as already explained in the narrative/biblio treatment approach). As an example, when responding to or replying to a shared journal the subject line might have a capitalized word in it. For example, words added by the therapist such as "SLEEP" "FOOD" "SEX" "STRESS" "LOSS" "SOLUTIONS" "LOVED ONE" "JOB" etc. etc. would/could suggest to clinician and client – that the content of journal is relative to the clinical picture in some specific area of functioning. These words can be added also to assist both the client and the therapist in moving more quickly through records (whether client side or clinician side). Because clinicians periodically review the entire clinical record journal replies with CAPS can be assistive for other purposes as well.

From the client perspective the added subject line in a journal reply tells clients what the clinician believes is the most significant detail(s) gleaned from written narratives. To be sure, the whole story (journal) matters, as narrative therapy would have it. The subject line reply – suggests that all of the details from the do not alter the clinical treatment strategy – EXCEPT – as the capitalized words might indicate. All cap journal replies journal do not minimize the entire journal, even as some clients may report such a feeling. For clients, it is helpful to remember that the story, while relevant to what is/was happening in the clients life at the time it is expressed – is valuable as an expression of self and as an avenue in time for / with self-care actions.

Journal details that are helpful to clients, may not alter the clinical picture or the clinical treatment plan and intervention. The journal may still assist in improved treatment for the client, however. Once the story is written, the words, the thoughts, the feelings and the recorded – some finality to “that” can become experientially evident. As words, representing thoughts, feelings and actions are written down, they are largely no longer open to the whimsical and ever-changing edits that otherwise occur and that are constantly performed in the mind’s eye. While some of the details of a client journal will not alter the treatment if a client thinks they’ve omitted information or the client thinks the therapist has missed/overlooked/minimized something in the treatment path – the journal may serve to let both the client and therapist know.

#### **A Detailed Structure for Using The Digital Overlay Platform with Journaling Assignments Including a Process for The Client and the Therapist....**

In shared journals clients may benefit in knowing that the clinician is most interested in reading about things that are not already known and factored into care. To assist both the client and the therapist in the ambiguity of considering what may/may not be known (or what may/may not NEED to be known) clients can read a private journal 24 hours after it is initially written. Specifically, steps that can be mutually assistive include:

- 1) Write the journal and set it as "private." The clinician will not know that a private client journal has been completed (a client benefit to the private journal setting),
- 2) 24 - 48 hours after the initial writing, open the private journal and read it. Then after the follow-up read, determine if there is something that has not been discussed or maybe see if there is something that will relate to an upcoming session.
- 3) In the follow-up read if something looks significant subsequent to the original writing – clients can easily select and copy the private journal, then re-open the journal icon, and paste it into a shared journal. Once pasted into the shared journal, the information is now in an editable form, prior to sharing it (another advantage in copying and pasting to a new shared journal, using information from the private one). The shared journal then appears on the therapist side platform, in the client file for clinician review (the clinician is notified when journals are shared). *NOTE: private journals that are opened*

and simply “shared” later, will appear in the clinical platform in a dating sequence that is consistent with the original writing. The copy and paste is a factor in clients having more control over what information is shared, not shared, and/or edited before sharing. It is also a logistical matter, so that older current shared journals appear in the clinician file at the time it was shared. By having a private journal and an edited shared journal, clients can also see the difference in the two (while the therapist only sees the most recent or currently shared one).

### Other Considerations

Sometimes clients will be so excited by “having a place to go with the information” they’ll write a large number of journals and share all of them. It’s great that the “holding of shared information” (a clinical concept known in the mental health profession) has value, but it can overwhelm the clinician too. Excessive shared journaling can indicate that online sessions would be a better treatment alternative as opposed to face-to-face sessions. Large numbers of shared journals might tell the clinician that a client is having difficulty in being open or direct in the face to face setting, a factor for both the client and the therapist to consider for improved care, alternative delivery formats, or a shift in the treatment approach. The “strength to assert” can be considered in view of some sense of autonomy a client might feel sitting at the computer screen and managing the keyboard, with time to articulate, edit, and “talk” especially in the absence of a real time face looking/listening/responding. A large number of shared journals may assist in recommending a complete move to private journals - as a central treatment approach in the overall theme of this article - the narrative / biblio based method.

Other uses of shared journals, particularly if they are seemingly frequent or excessive (that is they do not affect the clinical picture, even as they require time in reviewing them for clinical standards of care) can be structured where the review takes place at the beginning of face to face or online sessions. Clients can continue to write and share journals as they see benefit, taking advantage of the “strength to assert” concept mentioned earlier, while the clinician can manage when/how journal content is addressed. When client and therapist elect to discuss the shared journals, the session interaction may be enhanced.

### Summary

Online journals have value to clinicians and to clients. The digital platform provides a wealth of e-therapy service advantages and offers creative outlets of expression and clinical input. As journals are reviewed, the clinician is able to get a *hindsight birds eye perspective* of the client experience – *as it was then happening*. The “fly on the wall” concept takes shape, so that the microcosm of session experience and intervention is enhanced – even in an asynchronous scenario. Clients gain in that the “holding” of life’s information – as wonderful or difficult as the information may be – as 24 hour access and use ensures availability.

Recording thoughts/feelings/behavior in a journal, as close to the occurrence as possible, as life happens is helpful; if only for the client (in a private journal use) – and certainly for the therapist (in a shared journal use). The client therapist rapport is enhanced, where efficacy may also be improved. Narrative therapy and biblio-therapy are modalities and methods known in the literature. Journaling as “life happens” in the e-therapy digital age of mental health social services delivery, may be invaluable in many, many respects. Managing the data, assisting clients in making informed decisions about the clinical record, and utilizing real time data in the overall clinical picture are all considerations.

In graduate school therapists and clinicians often talk about how sessions and intake forms cannot/do not always or most accurately capture the “full clinical picture.” Home visits, school visits, and site visits where clients live, work and play are not always practical (or even desired). A shared digital journal, particularly when clients do so via a structured plan as already noted, can create an entirely more clear clinical perspective. The information may/may not alter the treatment necessarily, even as the client may gain in the telling of the story – for the sake of the story itself.

There are many options when clients "use" the digital online journal feature. It can be mutually assistive, when clients and therapists see it as helpful. How to structure its use, how to handle records, when/where the information will be/can be processed and deciding how to manage large amounts of information need to be addressed between the therapist and the client. The legal implications of what is/is not a part of a clinical record is something clinicians using digital e-therapy online technology will want to address with clients. The traditional journal, as e-therapy continues to evolve, is not a thing of the past. The e-therapy, digital journal platform is manageable, and argued here to assist in overall treatment efficacy, increased service deliverables, and improved consumer satisfaction.

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