Chapter 2
Ethical Issues in Sandplay Cyber-Supervision

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2.1 Introduction

It has been estimated that 34.3 % of individuals worldwide and 77 % of adult Americans now utilize electronic mechanisms for communication (Internet World Stats 2013; Pew Research Center 2014). Health care providers, and mental health care providers specifically, now utilize various forms of electronic media to communicate with their colleagues. These communications between colleagues may be for the purpose of seeking advice regarding a particular situation, a particular client, or as part of an ongoing supervisory–consultative relationship.

The use of electronic means for professional supervision-consultation may be particularly important for sandplay therapists. Therapists utilizing sandplay may not accrue hours towards certification in this modality without supervision from sandplay therapists who are certified as teaching members by their national (Sandplay Therapists of America 2012) or international organization International Society for Sandplay Therapy (ISST). Yet, in many geographic areas, there are no certified sandplay therapists who can provide such consultation. As a result, the sandplay therapist seeking certification hours or seeking consultation in an effort to provide competent mental health care to his or her clients must often travel great distances if face-to-face consultation is to occur. In many circumstances, this is not feasible due to the distance that must be traveled and the costs and time associated with such travel. As an example, one author of this chapter (JP) practices in New Zealand but must seek consultation from an ISST-certified teacher outside of Australia and New Zealand to meet ISST certification requirements because there are currently no

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S. Loue (ed.), *Ethical Issues in Sandplay Therapy Practice and Research,*
SpringerBriefs in Social Work, DOI 10.1007/978-3-319-14118-3_2

ISST-certified teachers in Australasia. The second author (SL) has obtained consultation services from more experienced practitioners in Minnesota and in California due to the nonexistence of certified sandplay practitioners nearby.

This chapter discusses the potential benefits that can be derived from cyber-supervision and explores the ethical issues associated with the use of electronic means for the purpose of supervision. The chapter concludes with a summary of recommended practices for the supervisee and the supervisor.

2.2 Defining Cyber-Supervision

Clinical supervision has been described as:

> a collaborative process that occurs between a more experienced and skilled supervisor and a novice or apprentice trainee—the supervisee—who seeks to develop the competencies necessary for successful clinical practice. (Barnett 2011, p. 105)

It is a process that involves "observation, evaluation, feedback, the facilitation of knowledge and skills by instruction, modeling, and mutual problem solving" (Falender and Shafranske 2004, p. 3). The process of supervision is deemed critical to the training of mental health professionals (Barnett et al. 2007, p. 273; Romans et al. 1995, p. 407). In this chapter, we use the terms supervision and consultation interchangeably to denote the consultative relationship between sandplay therapists for the benefit of the client.

However, that supervision or consultation does not occur only between those who are formally engaged in training programs and those who are more experienced in the mental health field, such as between graduate students and their fieldwork supervisors. Consultation or supervision occurs—and should occur—on a regular basis between a mental health care provider and a colleague within the context of a formalized consultation–supervision relationship. (We recognize, however, that depending upon one's legal jurisdiction, the legal liability of a supervisor may differ significantly from that of someone providing consultation services).

Supervision of sandplay therapy presents a third dynamic—a visual image of unconscious processes and creative imagination:

> The unfolding of a series of sand creations also allows us to view the vastness and complexity of the unconscious. Through study of sand pictures, we are able to identify the development of the relationship between the ego and the Self, the journey toward individuation, bridging and integration of unresolved issues (i.e., tension of opposites) emergence of new creative energies, and movement towards wholeness…. Also, when the supervisor highlights the supervisee's unique emotional and intuitive responses then the supervisee's own approach emerges. In this safe environment, therapists' individual gifts and talents are validated and allowed to flourish. (Friedman and Mitchell 2008, p. 4)

Indeed, it appears that inadequate supervision may lead to lowered job satisfaction and burnout (Jerrell 1983).

Traditionally, the supervision or consultation process has occurred in a face-to-face relationship between the supervising mental health care provider and the

supervisee. As technology has developed and professionals' comfort level with it has increased, technological means, such as telephone and fax, have been utilized to augment this relationship (VandenBos and Williams 2000). Materials associated with a client's therapy that required viewing, such as drawings done in the context of art therapy or a sand tray made during a sandplay therapy session, were often photographed and copies sent via US mail from the consulting provider to the supervisor and were returned to the provider by mail following the telephone consultation session. Videotapes of sessions could also be sent to the supervising provider via US mail and returned to the supervisee after telephone supervision sessions had concluded (Wetchler et al. 1993). More recently, mental health care providers, including sandplay therapists, have been using Internet-based mechanisms for supervision. VandenBos and Williams reported in 2000 that 2% of the 596 supervising psychologists participating in their study had utilized the Internet or satellite technology for supervision purposes.

To the best of these authors' knowledge, the term "cyber-supervision" has not been previously employed. We define it to encompass the use of Internet for the purpose of supervision or consultation by one mental health care provider to another. These communications can be:

> to obtain or provide consultation to or from a colleagues; for the provision of clinical supervision across distances; and to offer psychotherapy and supervision training in situations where in-person training is not feasible as well as when the use of various technologies may enhance the quality and effectiveness of the in-person training provided. (Barnett 2011, p. 103)

These Internet communications may be effectuated via e-mail, chat rooms and instant messaging, videoconferencing programs, and televideoconferencing systems. Mechanisms such as e-mail are asynchronous in that, while they allow the instant delivery of a message, the response to such messages may be time-delayed at the discretion of the recipient. In contrast, mechanisms such as chat rooms and instant messaging are synchronous, permitting users to respond to each other in real time. Televideoconferencing, such as through Skype or Oovoo, can allow the supervisor to observe a session between the therapist and the client in real time; face-to-face consultation may occur immediately following the client's departure from the session or through messaging during the actual session (Neukrug 1991; Smith et al. 1998). Documents to be viewed as part of the consultation–supervision, such as photos of sand trays, are often transmitted via e-mail attachment or by sharing a file in Dropbox, Google Groups, or the iCloud.

2.3 The Promise of Cyber-Supervision

Cyber-supervision may be particularly helpful, and even necessary, in a variety of situations. Individuals who are practicing in geographic areas that are relatively isolated or in which there are no other providers trained in a specific therapeutic modality, such as sandplay, may need to look far afield to identify a colleague who

can provide competent supervision. Mental health providers located in rural areas, for example,

> experience pressures, both from within themselves and from their communities, to try to be everything to everyone in order to meet what sometimes seem like overwhelming needs. Some quickly educate themselves by using Internet resources and other methods of distance learning or by reading books and journal articles in an attempt to learn along the way. (Schank 1998, p. 275)

Absent access to and utilization of competent supervision, mental health providers may unwittingly stray outside the scope of their practice, thereby increasing the potential harm to the client. (For a discussion of the ethical issues associated with practicing or supervising outside of one's practice scope, see Conradie and Hanes, this volume.) Sandplay therapists may take on a client who is from a very different culture or one whose primary language is not the same as that of the therapist. Supervision from a provider with greater familiarity with the client's culture or an understanding of the client's primary language may be critical to the provision of competent care (cf. Kanz 2001).

The specific benefits said to be associated with the use of cyber-supervision vary, to some degree, depending on the specific modality to be used. E-mail, chat rooms, and instant messaging, unlike televideoconferencing, do not require a face-to-face contact between the supervisor and the supervisee. These mechanisms may, therefore, provide either the supervisor or the supervisee or both with a sense of psychological safety (cf. Zuboff 1988). It has been suggested that "reading and writing through e-mail may involve a unique personal mechanism that facilitates self-disclosure, ventilation, and externalization of problems and conflicts and that promotes self-awareness" (Barak 1999, p. 237). Additional benefits attributed to the use of e-mail include the individual's disinhibition (Joinson 1998) so that supervisees may be more willing to disclose personal feelings and issues (Stebnicki and Glover 2001), an increase in supervisee reflectivity (Clingerman and Bernard 2004), and an increased sense of support among supervisees (Stebnicki and Glover 2001).

2.4 Ethical Issues

2.4.1 Confidentiality, Privacy, and Client Informed Consent

Although cyber-supervision potentially offers some benefits and, in some circumstances, may be the only feasible means of obtaining and providing supervision, confidentiality and privacy constitute major issues. We use the term confidentiality here to refer to the information collected or compiled and documented about an individual, regardless of the form of that documentation. Privacy, in contrast, refers to the individual himself or herself. It is clear that confidentiality and privacy are of utmost importance and are ethically required of sandplay therapists. The Code of Ethics of the ISST (n.d., para. B.1) provides: "ISST members and candidates respect

client rights to privacy and do not share confidential information without client consent or without sound legal or ethical justification."

Records relating to clients, whether they were insurance forms, clinical note, or clinical reports, once existed in some form of hard copy only. These were generally safeguarded by limiting access to the records, storing the information in locked cabinets in locked offices, and minimizing their inadvertent transmission to others through the use of mail and fax. Such records were generally stored for a predetermined period of time following the cessation of the therapeutic relationship and then destroyed by burning or shredding them. Photographs of client work were often taken with a Polaroid camera; no duplicates existed and these, too, were often similarly destroyed.

More recently, many therapists rely on computers and iPads to record their clinical notes; some may use the note-taking feature on their iPhones. Many sandplay therapists use their iPads and/or iPhones to take and store images of client sand trays. Backup copies may exist on flash drives or in the Cloud. While these storage mechanisms may facilitate the transmission of material between the supervising therapist and the supervisee, they raise vexing concerns related to the therapist's ability to safeguard confidentiality. The difficulties associated with protecting electronic transmissions of client information do not relieve the sandplay therapist of the ethical responsibility to maintain client confidentiality and privacy. As stated by the ISST's Code of Ethics (n.d., para. B.6.):

> ISST members and candidates take precautions to ensure the confidentiality of information transmitted electronically, including but not limited to electronic mail, voicemail, answering machines, facsimile machines, and websites.

One basic mechanism that can be used to safeguard data housed on computers, iPhones, iPads, and flash drives is the use of a password. Care must be taken, however, in the formulation of a password. Many people use the same password for multiple functions in order to reduce the risk of forgetting it. However, this practice increases the risk that client records could be compromised if the password were to be inadvertently disclosed or deliberately hacked. Passwords that are weak, with too little complexity, may also result in an increased likelihood of discovery by unauthorized persons. Hackers can penetrate an individual's Cloud account or e-mail account, thereby becoming privy to the sensitive details of the client's life.

E-mails present additional challenges to the maintenance of confidentiality. Many agencies maintain policies and procedures that permit designated individuals within the organization to access and read all e-mail correspondences generated from or sent to organization-based e-mail addresses or that are sent to or from equipment owned, purchased, or leased by the organization; these individuals are likely not involved with the client's care. As an example, the faculty handbook of the University of Florida provided, "All electronic mail records are public records and are stored in memory by the Northeast Regional Data Center" (University of Florida Office of Academic Affairs 1993). Case Western Reserve University (n.d.) advises its faculty, employees, and students, "There should be no expectation of an inherent right to privacy—such rights cannot be guaranteed within the myriad IT uses at Case." The nonuse of screen savers by the therapist and/or the supervising

therapist may allow others in their offices to view client materials to which they should not be privy. The use of programs that automatically complete a recipient's e-mail address may inadvertently lead to the misdirection of the e-mail. And, there is the ever-present possibility that an e-mail account will be hacked, an event that is occurring with increasing frequency. As one writer noted, "All e-mail messages can be read by people other than their intended recipients, so one must assume that they will be read, even if it isn't actually the case." (Glossbrenner 1990)

Accordingly, it is critical that, if cyber-supervision is to be utilized, additional mechanisms be implemented to safeguard client confidentiality. In addition to complex passwords, supervisors and supervisees should use passworded screensavers when away from their desks to prevent others in their offices from viewing confidential materials. Encryption software can be utilized to reduce the likelihood that a hacker will be able to read the content of the transmission. Virtual private networks (VPN) can be utilized to reduce the likelihood that transmissions effectuated over public networks can be read by unauthorized persons. Firewalls can reduce the risk of security breaches.

Sandplay therapists who work in a group practice or for an agency or hospital may have only some control, or no control, over the measures that are utilized to protect data. The implementation of inadequate measures by an institution potentially subjects all data to the risk of unauthorized disclosure (Schultz 2012). In such situations, the therapist remains ethically—and possibly legally—responsible for any unauthorized disclosures that may occur, but may have had limited ability to prevent their occurrence.

The portability of the devices on which client information is stored raises yet additional issues. Laptop computers, electronic tablets, smartphones, and flash drives are all subject to inadvertent loss and potential theft. Absent adequate protective measures, unscrupulous finders or thieves may utilize the information they find to their own advantage and to the detriment of the client. Many mobile phone and tablet manufacturers have added features to newer electronic devices that allow their owners to lock the devices remotely when they are lost or stolen. We highly recommend that both supervisors and supervisees utilize these mechanisms whenever available, in addition to implementing the other security measures noted.

Client privacy is also subject to heightened risk of violation as the result of electronic transmissions. The real-time transmission of a sandplay session from its occurrence in the therapist's office to the observing supervisor may be intercepted by a hacker, who may then rebroadcast the content and/or use it to his or her own advantage. Once any material is sent through cyberspace, both the therapist and the client lose control over its further dissemination (Kanz 2001).

Case Example 1

A sandplay therapist engages a more senior, experienced sandplay therapist in another country for consultation on a regular basis. Some form of cyber-supervision is necessary because there are no certified, experienced sand-

play therapists in the geographic region in which the supervisee practices. The supervising sandplay therapist requires that prior to every consultation session, the supervisee prepare and transmit via e-mail detailed accounts of everything that transpired in the sandplay sessions to be discussed. These are transmitted without the use of encryption software. Electronic images of the trays are transmitted in an e-mail apart from the transmission of these reports. A savvy computer user would potentially be able to hack in, read these transmissions, and identify the client through identification of the supervisee's IP address and the identifying characteristics of the client that are contained in the transmission.

Case Example 2

A sandplay therapist takes photos of a client's sand trays with his or her iPhone or iPad and also maintains his or her calendar electronically on the same instrument. The iPhone/iPad records the date and time of the photo. The therapist uses only a four-digit password on the iPhone/iPad. A hacker would be able to access the material stored on the tablet or phone and associate the stored images with the client scheduled for a session on a particular date at a specified time. While the hacker may not understand the content of the sand tray image, he or she would be able to disseminate the images, together with the identity of the client, through other electronic media, such as Facebook or YouTube, potentially causing the client significant distress and embarrassment.

These heightened risks associated with cyber-supervision suggest that clients should be informed if such mechanisms are to be used for consultation–supervision and that they must provide informed consent to the transmission of their materials in this manner. We recommend that the following provisions be included in the informed consent form provided to the client if cyber-supervision is to be used, regardless of the nature of cyber-supervision, e.g., e-mail, chat room, televideoconferencing, etc:

1. The therapist will consult with a more experienced sandplay therapist during the course of the client's therapy.
2. All or part of the consultation-supervision will occur through electronic means, which may include one or more of the following: e-mail, chat room, instant messaging, televideoconferencing, Dropbox, Google Groups, or other means.
3. The therapist will use his or her best efforts to maintain the confidentiality of the information and the client's privacy.

4. Despite the therapist's best efforts, there remains a possibility that information may become known to others and, if this were to occur, neither the therapist nor the client would be able to control its further dissemination.
5. The client understands these risks and is willing to allow the use of cyber-supervision in conjunction with the therapist's provision of services to him or to her.

The therapist may also wish to include language that describes more fully the purpose of the supervision-consultation generally, the benefits of supervision for the client, that it is a routine practice within the mental health profession, and why the therapist must seek supervision that is not conducted face-to-face, e.g., geographic isolation, unavailability of a qualified sandplay supervisor within feasible travel distance. The client should also be made aware of how the therapist will address situations in which a breach may have occurred. The therapist will also want to apprise the client of possible alternatives to cyber-supervision, the risks associated with each such alternative, and whether the therapist is able and/or willing to provide services in the event that the client does not agree to cyber-supervision.

It is possible, of course, that the disclosure of such risks to the client will increase the likelihood that either the client will refuse consent or the client will choose to withhold information or provide inaccurate information to a greater extent than he or she might have otherwise done. Research has demonstrated that individuals often adjust the accuracy or completeness of disclosures to their mental health care providers to protect their privacy and confidentiality (California Healthcare Foundation 1999). However, a failure of the therapist to obtain client informed consent to cyber-supervision may not only represent a breach of trust and ethical violation but may also lead to legal consequences. The client might, for example, bring a civil lawsuit against both the supervisee and the supervisor for breach of confidentiality and/or violation of privacy even in the absence of hacking. The rights of a complainant or of a defendant in a civil case of cyber privacy infringement in the context of supervision appear to be unresolved at this moment (Shera 2014). This would seem to hold implications for professional indemnity insurance and possibly for professional licensure.

2.4.2 Supervisor–Supervisee Agreement

We also suggest that the supervisor and supervisee enter into a formal agreement if cyber-supervision is to be utilized. (This may be good practice even in situations involving only face-to-face supervision.) Like the client informed consent form, the agreement should specify that cyber-supervision is to be utilized and, in detail, explained what forms that will take, e.g., e-mail, televideoconferencing, and the general content that is expected to be transmitted, e.g., photos of sand trays, summaries of clinical notes. The risks associated with cyber-supervision should be noted as well. Additionally, the agreement should:

- Specify that the supervisor will use his or her best efforts to maintain client confidentiality and privacy and supervisee confidentiality and privacy;

- Describe the mechanisms that the supervisor has instituted to safeguard privacy and confidentiality, e.g., computer passwords, encryption, use of a VPN; and
- Describe the procedures that the supervisor will follow if he or she should become aware that a breach has occurred or may have occurred.

2.4.3 Supervisor Licensure and Scope of Practice Issues

The issue of licensure and scope of practice is both an ethical and a legal issue. Certainly, the provision of a consultation to a colleague outside of one's own country or across state lines in the USA would not be considered the provision of services outside of the scope of one's practice or practicing without a license. However, the circumstances are materially different if this consultation proceeds on an ongoing basis and is identified as a formal supervision relationship (Kanz 2001). In the USA, for example, it is unclear whether the supervisor would be subject to prosecution for practicing without a license in the state in which the supervisee is located, or subject to disciplinary action for practicing beyond the scope of his or her license in the state in which he or she practices, or both. Each sandplay therapist who provides cyber-supervision would want to investigate these issues with the authority(ies) who have granted their license(s).

2.5 Conclusions

Cyber-supervision offers significant benefits to both the sandplay therapist and the client. Indeed, it may be the only feasible mechanism by which to obtain supervision for sandplay therapists practicing in locales where there are no certified experienced sandplay therapists with similar client populations.

However, cyber-supervision involves substantial risks to confidentiality and privacy for both the client and the supervisee. The supervisor may also confront ethical and legal issues pertaining to the scope of practice and licensure. Initiation of a cyber-supervision relationship should not be made without knowledge of these risks and agreement to pursue cyber-supervision by all parties involved—the client, the supervisee, and the supervisor.

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http://www.springer.com/978-3-319-14117-6

Ethical Issues in Sandplay Therapy Practice and Research

Loue, S. (Ed.)
2015, XVI, 101 p. 4 illus. in color., Softcover
ISBN: 978-3-319-14117-6