

*Dan's*

Talking  
Points

**Memo**

Wilcoxon, Remley,  
& Gladding;  
Chapter 8

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1. **Back to Dual Relationships.** Consider the authors' observations on dual relationships: 1) [paraphrased] as the difference between the expectations of the therapist and client increases, the potential for problems also increases (see example, p. 147), 2) "as the divergence between the obligations imposed by different roles increases, the potential for divided loyalties and loss of objectivity increases" (see example, p. 147), and 3) "as the difference in power and prestige increases between the roles of therapist and client, the potential likewise increases for exploitation on the part of the therapist" (see example, p. 148).
2. Do you see any problems with Dr. Smith's [no relationship] behavior on page 149? Note that the authors state that the role of "political activist" in the MFT office may be less prevalent than that of "religious activist."
3. On page 150, the authors discuss the delicate balance of being a therapist and having a strong religious or faith identification. They clarify by stating there doesn't have to be a problem, but there may be one on subtle (or even overt) terms.

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4. On page 152, the authors discuss potential problems with Information Management Systems and related privacy issues. How worried are you, personally, about using your computer to prepare client documents or even to store client records? What are you willing to do to protect the security of your personal system?
5. Can you see yourself recommending to a client a web site to augment their treatment? Do you EVER go to a web site to get information on how to guide your personal decisions? What about DIY assessments? Lately, the web has been loaded with banners guiding users to take a Bipolar Disorder questionnaire. Good idea?
6. Web therapy, cybercounseling, e-therapy (pp. 153-154). How do you feel about these forms of interaction? Will you do it? Will you use either or both to augment your face-to-face interactions?

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7. Hey geeks. Know the difference between *synchronous* and *asynchronous* interactions (p. 154).
8. You were sent on a scavenger hunt to find two (2) online therapists. Tonight we'll look at those and discuss. Examine the therapist's credentials, their policies, what they charge and how they get paid, philosophy statement, etc. Does their web presentation engender confidence? Synchronous or asynchronous.
9. Note the study by Day and Schneider, page 154, that found face-to-face and these more "trendy" modes of treatment showed only modest outcome differences. What do you think?



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10. Are you moved by the author's concerns about "cultural pitfalls" in use of technology in the delivery of therapy? Actually, I'm not very concerned, but perhaps I should be more concerned (pp. 154-155).
11. What about this? Electronic therapy modalities may threaten "attention to client welfare" and thus degrade *beneficence* as a guiding principle for therapists (p. 155).
12. There are worries articulated on pages 156-157 on Informed Consent vis-à-vis these modern modes of communication. Knowing your client's identity is compromised. Assurances of confidentiality are murky. Procedures for handling emergencies might be only wishful thinking. Duty to report and/or protect situations may be fumbled. Lots of problems articulated here. How do you chart an email session? Just keep the transcript? That sounds pretty good to me. Have I oversimplified the problem?

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13. What about Freeny's statement, "computers and confidentiality may be incompatible." Are you impressed with the assertion that the Internet is not protected by federal law as is the US Postal Service? (p. 157).
14. Per your text, the National Board for Certified Counselors (NBCC) has developed a beginning Code of Ethics for Internet Counseling. Take a look at: <http://www.nbcc.org/Assets/Ethics/internetCounseling.pdf>
15. **Facebook.** Note *Rasheed's Dilemma*, page 160. This is a nice example of how the convenience of social networking and texting can be inviting, but also cause problems in a psychotherapeutic relationship. I have patients and former patients "friend request" me all the time. Do you think I "confirm" or "reject"? Why? Why not?



facebook

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16. Please note study by Kegeles, Catania and Coates on the percentage rates regarding self-report of HIV+ status to current and prior sexual partners. Yikes, this is a worry (p. 161).
17. Notice the Kimberly, Serovich, and Greene six-step framework for understanding the process an HIV+ client will traverse when deciding whether or not to disclose their status to family members. Actually, this framework could be applied to lots of things (p. 162).
18. What are the obvious differences between Tarasoff and HIV status? At least the authors have labeled this disclosure as "the ethical dilemma of unauthorized disclosure." I highly recommend you do your best to avoid all incidences of "unauthorized disclosure" (p. 164).



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19. At least Schlossberger and Heckler have recognized that one would be wise to consult State law on the matter of these disclosures. **Very wise, indeed** (p. 164).
20. Beautiful statement by Burkemper: **"Relying on personal or therapeutic feelings for the HIV scenario may reflect the lack of an entrenched legal stance, or therapist knowledge of State law, and resulting confusion concerning the violation of confidentiality in the HIV scenario"** (p. 165).



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**BIO-BEHAVIORAL  
MEDICAL CLINICS**

**Name:**

**Date of Birth:**

**ATTENTION**



**PLACE IN FRONT OF  
PATIENT CASE NOTES**

This patient has a medical condition that is highly protected from discovery. Should these records be subpoenaed, BBMC will require a special authorization from the patient that specifically permits our release of this unique medical information.

No general authorizations will suffice.

**DO NOT RELEASE RECORDS WITHOUT  
MY SPECIFIC HANDLING OF THIS FILE**

H. Dan Smith, EdD, MFT

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The End