

Music Therapy Ethics “2.0”: Preventing User Error in Technology

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ABSTRACT: The use of technology in music therapy, specifically through social media, computer-mediated music therapy, and advertising, is rapidly evolving. This has unique implications for ethical practice, particularly as technology usage expands and evolves. This article explores the benefits and risks of technology, along with guidelines that promote ethical thinking and habits.

Technology, such as iPad applications and assistive devices like switches, is broadening the way music therapists provide services to clients. Technology, through social media, websites, and blogs has also changed the way music therapists interact with the public, clients, and each other. Music therapists use technology to schedule sessions, document progress, and bill clients. It is important for music therapists to consider the ethical implications of technology use before implementation in order to be proactive in avoiding ethical dilemmas. This article will briefly review how technology is addressed within the American Music Therapy Association (AMTA) *Code of Ethics* and explore potential dilemmas related to technology, specifically e-professionalism, social media, computer-mediated music therapy, and advertising.

Ethics and Technology

When a music therapist seeks guidance in resolving an ethical dilemma, one of the first resources used is the AMTA Code of Ethics. However, with regard to technology, at first glance, the Code offers minimal assistance. Technology is specifically addressed in only three items:

- 3.12.5 All forms of individually identifiable client and ultimate disposition of these records information, including, but not limited to verbal, written, audio, video and digital will be acquired with the informed client or guardian consent and will be maintained in a confidential manner by the MT. Also, adequate security will be exercised in the preservation ultimate disposition of these records.
- 10.6 The following materials may be used in announcing services (all of which must be dignified in appearance and content): announcement cards, brochures, letterhead, business cards and the internet. The MT may include the following on these materials: name, title, degrees, schools, dates, certification, location, hours, contact information, and an indication of the nature of the services offered.

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- 10.7 Announcing services through the mail (to other professionals), a listing in the telephone directory, or the internet (i.e., email, website) are acceptable. No advertisement or announcement will be rendered in a manner that will be untruthful and/or deceive the public (AMTA, 2013).

Searching the literature is often a second resource when seeking guidance in resolving ethical dilemmas. Within the music therapy literature, once again, there is little guidance. In 2010, Bradt published “E-professionalism” in the online journal *Voices: A World Forum for Music Therapy*. To date, this is the only publication to address music therapy ethics as they relate to technology and more specifically, the digital world. The paucity of resources and minimal attention within the AMTA Code of Ethics may lead music therapists to think that there simply are no ethical issues related to technology use, when in fact, there are several.

E-Professionalism

As mentioned, technology affords opportunities to interact with the public, clients, and other professionals in a variety of ways. Technology, and more specifically social media, also affects the manner in which music therapists may interact with others and present themselves online, both personally and professionally. Although e-professionalism is defined in a variety of ways, Bradt (2010) describes it as “the impact of online behavior on one’s professionalism” (para. 1). Online communication has expanded professional boundaries and physical location no longer determines what is public or private (Cain & Romanelli, 2009). For this reason, music therapists are encouraged to consider their own e-professionalism habits, especially when personal and professional online personas overlap. For example, it is common for students to post pictures of their college experiences. Could there be ripple effects of a posted picture showing an intoxicated music therapy student, if discovered by a potential internship director or future employer? Would a music therapist feel comfortable if a client searched online and discovered personal Twitter posts? What impressions might this make? Is it consistent with the professional persona the student or professional wishes to portray?

It is important to remember that electronic communication is public, permanent, and powerful (Guseh, Brendel, & Brendel, 2009), so what is posted today could resurface at inopportune moments in the future. Opinions vary with regard to whether online posts are public or private, perhaps influenced by the online disinhibition effect, in which people feel less inhibited and share more information than in a face-to-face setting (Suler, 2004). This sense of anonymity may

influence one's perception of what is or is not appropriate to share online. Developing good e-professionalism habits, such as considering one's level of comfort if someone who was not a friend, but perhaps a potential employer or supervisor, discovered a social media post or picture, are important to maintain professional boundaries in a digital world.

Social Media

Sally is a music therapist who is very active on social media. She has Facebook, Twitter, and Instagram accounts, a YouTube channel, and a blog. She accepts Facebook friend requests from everyone who sends one, including strangers, friends, music therapy clients and family members, and practicum students.

Social media is a useful tool for music therapy advocacy and allows efficient communication, as one person can reach many with a single status update or blog post. Credibility and trustworthiness are enhanced when a board-certified music therapist, the American Music Therapy Association, or Certification Board for Music Therapists versus Wikipedia, is the source of music therapy information found online. To that end, social media aids in increasing public awareness of music therapy. Social media facilitates professional networking and allows the national and international music therapy communities to more easily stay connected to one another. Online forums, such the music therapy listserv and the Facebook group Music Therapists Unite, allow music therapists to ask questions and share resources. While these benefits are important, awareness of ethical issues related to social media is necessary to promote ethical behavior.

One concern is the potential lack of professionalism that may be displayed in online interactions, some of which have been addressed in the previous section. For those with social media accounts, a friends or contacts list may include a combination of strangers, acquaintances, friends, close friends, family, co-workers, and professional colleagues. Personal posts or professional venting may be a poor or inaccurate reflection of the individual. For example, a post such as "Finishing off a bottle of wine and today's documentation at the same time – ahhh" could raise questions about an individual's professionalism. If an employer, client, or client's family member inadvertently discovered this, what might be the response? If such posts were frequent, might this alter the professional colleagues' view of the music therapist?

Dual relationships are created when a helping professional takes on more than one role or relationship with a client, either simultaneously or sequentially (Ringstad, 2008) and are another area of concern created by social media. If a music therapist accepts a friend request from a client or client's family member on social media, a dual relationship is implicit simply because a *friend* request is being sought on *social* media. Dual professional and social relationships are implied, inherent in the name *social media*. The interactions that occur are likely not part of the normal therapeutic relationship, do not prioritize the therapeutic interests of the client, and may lead to problematic self-disclosures (Guseh, Brendel & Brendel, 2009). For example, a music therapist might not reveal marital status or the number of children in his/her family to a client, but this information may be gleaned on a Facebook profile. Additionally, clients may not recognize their anonymity as

a client is at risk when friend requests are sent to therapists (Guseh, Brendel & Brendel, 2009).

Dual relationships can also be created when educators or internship directors accept friend requests from students or interns and can be problematic for similar reasons to those already discussed. Consider the educator's role or responsibility if a student presents in the classroom as open-minded, non-judgmental, and inclusive, but on social media consistently makes racially- or gender-biased comments. While this might be important for the educator to know, addressing issues occurring outside of the classroom could be a challenge. Educators who accept friend requests from students are inherently charged with the additional responsibility of helping students to develop good e-professionalism habits through this dual relationship.

Employees who "like" their employer's Facebook page or tag the employer on social media should be aware of the employer's social media policies. Some institutions, even in health-care, monitor employees' social media posts (Clark, 2010) and will reprimand employees whose comments negatively reflect on the employer or compromise patient confidentiality.

While technology is minimally addressed in the Code of Ethics, clear guidance in navigating ethical issues related to social media are already available:

- 3.5 The MT will not enter into dual relationships with clients/students/research subjects and will avoid those situations that interfere with professional judgment or objectivity (e.g., those involving competitive and/or conflicting interests) in their relationships.
- 3.12.1 The MT protects the confidentiality of information obtained in the course of practice, supervision, teaching, and/or research.
- 4.3 The MT will attempt to establish harmonious relations with members from other professions and professional organizations and will not damage the professional reputation or practice of others.
- 5.1 The MT will observe the regulations, policies, and procedures of employers with the exception of those that are in violation of this code of ethics.
- 5.3 When representing the employer or agency, the MT will differentiate personal views from those of the profession, the employer, and the agency (AMTA, 2013).

Additional suggestions for ethical navigation of social media include developing policies to manage friend requests from clients or their family members (Aase, 2010) and to practice the necessary conversations about why accepting such requests are inappropriate until the conversation feels comfortable. Use discretion and be prudent when posting on social media sites. Be aware of your digital footprint by considering the consequences of online actions and interactions, as these leave a footprint in the digital world, are visible to others, and may have future unintended negative results (Greysen, Kind, & Chretien, 2010). Consider using a pseudonym for social media accounts or creating separate social media accounts for personal and professional use. Google your name and email address to be aware of the Internet information that is available to others. Although privacy settings on social media sites are constantly changing, it is still wise to use them and remain vigilant and educated as changes are implemented. The many

benefits of using social media are maximized when balanced with ethical, professional practices.

Computer-Mediated (Music) Therapy

Jamie is a music therapist who works in private practice. She considers providing Skype music therapy sessions to people who live in remote or underserved areas within her region. She feels this will bring music therapy services to those who may otherwise not be able to benefit and will expand music therapy services for her struggling business.

The use of computer-mediated communication, a broad term to describe any type of Internet counseling (Rummell & Joyce, 2010) is growing in counseling, psychology, rehabilitation, and even medicine. In verbal therapies, computer-mediated therapy services may be provided via text, email, video, or audio (Finn & Barak, 2010). For the purposes of this article, computer-mediated music therapy is defined as services facilitated by a licensed or certified professional with a client or group of clients in a non-face-to-face setting, relying on online technology for communication and interaction. These services may be mitigated via computer or with rapidly advancing technology, may also include tablets or iPads, often mediated through forums such as video chat. The prevalence of music therapists providing computer-mediated music therapy services is not known, although the results of two pilot study results using songwriting via Skype with college students (Krout, Baker, & Muhlberger, 2010) and with a client, in a carefully monitored clinical setting (Baker & Krout, 2009), have been published. Computer-mediated music therapy is a subject warranting attention, as there are several ethical considerations related to legal and jurisdiction issues, therapeutic issues, and clinical practice issues.

Rummell and Joyce (2010) identify benefits of computer-mediated therapy as increased accessibility to services for clients or music therapists, time flexibility, and the ability to work in the comfort of one's own space. Many music therapists travel from home to home or site to site providing services. Computer-mediated music therapy would eliminate travel time for a music therapist and thus allow more clients to receive services within a workday. However, could a full music therapy assessment be adequately completed without the music therapist's physical presence? How might the therapeutic relationship be enhanced or hindered when mediated through a computer? Limited research about the efficacy of internet-based verbal therapies exists (Barros-Bailey & Saunders, 2010), although studies indicate that therapeutic relationship and alliance can be established online and that consumer satisfaction among those who receive online counseling is similar to those who receive face to face counseling (Finn & Barak, 2010). While both studies were considered successful due to the completion of songs written via Skype, questions about the efficacy of computer-mediated music therapy persist due to the limitations with intervention use, clinical population, and music-making challenges encountered within the sessions (Krout et al., 2010; Baker & Krout, 2009).

While computer-mediated music therapy may afford benefits, it is important to consider the additional risks of delivering services in this manner. This includes interstate jurisdiction issues, therapeutic issues that may include technological competence and limitations of music therapy interventions, and

clinical practice issues such as confidentiality. While music therapists' board certification allows them to practice anywhere in the United States, more states are pursuing state licensure or registry. This creates legal and jurisdiction issues related to licensure and interstate practice (Rummell & Joyce, 2010). If a music therapist living in one state provides computer-mediated music therapy to a client who lives in a state that has licensure or registry, would the out-of-state music therapist be required to hold state licensure where the client resides? Are clients going to the music therapist or are music therapists going to the client when services are being rendered through a computer? The answer to this question may be a matter of perception, depending on whether one is the client or the music therapist or whether the music therapist is accustomed to entering clients' homes or operating a practice from his/her own home as definitive answers regarding jurisdiction for interstate practice in telemedicine and computer-mediated therapy remain undefined (Kaspar, 2014; Prabhakar, 2013). However, the trend for licensure in verbal therapies indicates the state in which the client resides is the one concerned with laws that may have been violated by an out-of-state practitioner who is unlicensed in the client's home state (Zur, 2013).

Computer-mediated music therapy also raises questions about the provision of therapy, such as the technological competence required to facilitate therapy. Many music therapists are still learning how to implement technology within sessions; using technology to facilitate sessions adds a layer of complexity and requires additional competence. Therapists who use technology in practice must be competent in all aspects of the medium, including computer and Internet technology, data security, and client record confidentiality (Rummell & Joyce, 2010). Unique communication challenges via videoconference include signal delays and syncing issues and must be considered because of the effect on the therapeutic alliance (Fitzgerald, Hunter, Hadjistavropoulos, & Koocher, 2010). In Krout et al. (2009), participants discussed auditory and visual signal delays and disruptions, including verbal communication inhibited by the need to be more deliberate in taking turns when speaking, natural conversational interruptions that were harder to initiate, frozen video images were distorted and described as "disturbing" (p. 84), and facial expressions that were sometimes misinterpreted due to lack of visual clarity. In verbal therapy, technical difficulties may be a minor annoyance and other communication alternatives may be found. However, music therapists do not have the flexibility to continue with a session via text chat – and still use music – if video conferencing fails. Music therapists must also consider what constitutes session time if portions of a session are spent reconnecting an Internet call.

Technical difficulties may have stronger therapeutic implications than in-person sessions because the music will be affected. Participants in both songwriting studies (Krout et al., 2010; Baker & Krout, 2009) noted that simultaneous music making was not feasible. In some therapeutic situations or with some clients, this might not be an issue. However, in most settings, it is vital that the music therapist and client be in sync when making music, as they would in a face-to-face setting. These issues warrant important consideration prior to conducting computer-mediated music therapy.

Concerns regarding confidentiality breaches increase as computer-mediated therapy can more easily capture,

copy, transfer, and disseminate information (Barros-Bailey & Saunders, 2010). Although a music therapist would obtain consent before recording a video chat music therapy session, would the music therapist be comfortable if the client recorded the session without the therapist's knowledge and then posted portions on YouTube? Again, questions arise about who 'owns' the video, but even if the music therapist believes that the session video belongs to the client, discussions about the implications of such an action would be an important aspect of the therapeutic process. Fitzgerald et al. (2010) caution that those practicing internet-based psychotherapies must be familiar and compliant with legislation regarding privacy of personal information that is communicated or electronically stored. Additionally, music therapists should ensure that the software being used to mediate sessions is secure and encrypted (Midkiff & Wyatt, 2008). In computer-mediated therapy, clients must be informed of the additional confidentiality risks and have responsibilities to protect their own confidentiality, privacy, and security, which are different from face-to-face therapy (Rummell & Joyce, 2010).

The AMTA Code of Ethics provides little guidance with regard to technology use in this manner. Related items in the AMTA Code of Ethics (2013) state:

The music therapist will offer music therapy services only in the context of a *professional* relationship and in a setting which insures safety and protection for both client and therapist. The music therapist will avoid deception in representations of music therapy to the public (3.7).

Music therapists must consider the safety and protection of clients in a computer-mediated music therapy session. Can the music therapist offer adequate emotional support via video-conference? How will the music therapist respond to a crisis, especially if there is concern that the client is a threat to self or others? If working in a group setting, what are the limitations to what the video camera can capture and how will this affect the therapy session? An untrained co-therapist, whether a family member or paraprofessional, would likely intervene differently than a music therapist present with the clients, but provisions for physical support would need to be clarified ahead of time.

"The MT will use every available resource to serve the client best" (AMTA, 2013, 3.9). While this statement might seem to support computer-mediated music therapy, music therapists should also consider,

In those emerging areas of practice for which generally recognized standards are not yet defined, the music therapist will nevertheless utilize cautious judgment and will take reasonable steps to ensure the competence of his/her work, as well as to protect clients, students, and research subjects from harm (AMTA, 2013, 3.11).

In this situation, these two items seem to be in conflict and the broader context of a specific situation must be considered.

The implementation of computer-mediated music therapy raises many questions and is, at this time, cautioned by this author. If music therapists wish to pursue the use of computer-mediated music therapy, thorough research of computer-mediated therapy guidelines used by other helping professionals is strongly recommended since additional considerations and policies that are not part of traditional music therapy are required (Barros-Bailey & Saunders, 2010; Midkiff & Wyatt,

2008; Rummell & Joyce, 2010). Additionally, the International Society for Mental Health Online (www.ismho.org) and the Zur Institute (www.zurinstitute.com) offer online continuing education and other resources for verbal therapists who are developing standards of care for online therapy services. The information may provide useful guidance for music therapists as well. Music therapists are encouraged to consult with colleagues and mentors to reflect on the motivation for pursuing computer-mediated music therapy. Clinical supervision while providing computer-mediated music therapy services is imperative to ensure the integrity of the services being provided. Music therapists pursuing computer-mediated music therapy might offer sessions a time-limited trial basis to allow the music therapist to evaluate the process and its effectiveness for the client. Music therapists may need to limit the types of music therapy interventions used in computer-mediated music therapy, as well as the types of clients who could truly benefit from such services. Music therapists will also need to consider if they are comfortable practicing in limited ways.

Advertising and Public Relations

Tess is a music therapist in private practice. She has a Facebook page and website for her business. Her website contains a blog, testimonials, and session video clips. She sells products on her website and promotes these products by suggesting they will promote better outcomes in music therapy.

Announcing services is one area where the AMTA Code of Ethics provides clear guidance. The Code (2013) specifies that "the following materials may be used in announcing services (all of which must be dignified in appearance and content): announcement cards, brochures, letterhead, business cards, and the internet. The music therapist may include the following on these materials: name, title, degrees, schools, dates, certification, location, hours, contact information, and an indication of the nature of the services offered (10.6). Dileo (2000) writes, "What is clear in advertising and announcing services is that professional standards change over time, and what is allowed today might be quite different ten years from now" (p. 205). Website advertising is a prime example of this as it has evolved quickly over time and grown exponentially. A Google search of 20 music therapy private practice websites included the information listed in 10.6, but many also included volunteer opportunities, products for sale, tips for families and caregivers, newsletters, testimonials, resource links, sponsor ads, and client stories, video clips, and images, among others. For advocacy and education purposes, additional website information may be necessary, but music therapists should be mindful that the content is presented in a manner consistent with the guidelines already provided in the Code of Ethics:

- 10.1 The MT will adhere to professional rather than commercial standards in making known his or her availability for professional services. The MT will offer music therapy services only in a manner that neither discredits the profession nor decreases the trust of the public in the profession.
- 10.4 The MT will avoid the following in announcing services: misleading or deceptive advertising, misrepresentation of specialty, guarantees or false expectations, and the use of the Association's logo.

- 10.7 Announcing services through the mail (to other professionals), a listing in the telephone directory, or the internet (i.e., email, website) are acceptable. No advertisement or announcement will be rendered in a manner that will be untruthful and/or deceive the public (AMTA, 2013).

Two topics warrant further discussion: testimonials and client images posted online. While the AMTA Code of Ethics (2013) does not explicitly prohibit the use of testimonials, it does state that professional rather than commercial advertising standards are to be applied. Dileo (2000) writes against the use of testimonials in advertising and defines commercial advertising standards as “those relied upon by businesses and companies that are selling a service or product” (p. 206). A search for professional versus commercial standards in advertising and marketing literature has yielded no definitive criteria, although the Federal Trade Commission (2009) provides *Guides for the Use of Endorsements and Testimonials in Advertising*, which are clearly for commercial purposes. Therefore, the use of testimonials appears more aligned with commercial advertising standards. Midkiff and Wyatt (2008) note that, although using testimonials is minimally accepted among mental health professionals, it is appealing because no costs are incurred and written statements may be used like sound bites. The American Psychological Association (2010) only prohibits solicitation of testimonials by current clients. The use of testimonials may put clients at risk for exploitation, which is prohibited by the Code of Ethics (AMTA, 2013). Additional risks of testimonial use include the perception that clients may have been pressured to provide them and the potential loss of confidentiality (Midkiff & Wyatt, 2008). Midkiff and Wyatt (2008) suggest that if testimonials are used, identities must be protected, they must be given spontaneously, but permission for use must be obtained in writing and kept on file by the website owner. Furthermore, this author recommends using pseudonyms and identifying them as such or a description (e.g., “parent of client”), not using testimonials of current clients or family members and considering if former clients may someday return to music therapy, and avoiding statements which may sound like the results of services are being predicted, for example, “Tess is the only service provider who elicit speech from my child with autism.” While testimonials are discouraged, it would be more objective to use comments that are directed towards music therapy and educate the public rather than comments about the music therapist and the services he/she provided.

Client pictures and video clips of music therapy in action are prominent on the Internet, from Facebook groups to music therapy websites that educate the public and potential clients by enhancing written descriptions of music therapy or demonstrating successful moments in music therapy. The use of such images may raise questions about who or what is really being promoted – music therapy, the client, or the music therapist’s work or practice? As previously mentioned, the confidentiality of video and digital images is addressed in the AMTA Code of Ethics (2013, Item 3.12.5). If the music therapist intends to post client pictures or videos on social media, it is important to specify this on the photography/video consent form. It is also important to remind clients or families that if they “tag” themselves in such images, they are forfeiting anonymity as a client and to discuss the pros and cons of this. Music therapists

are strongly encouraged to acknowledge permission to use images and videos online by indicating this wherever images may appear (e.g., “Client video/image used with permission. Consent form on file.”), which eliminates doubt about the appropriate use of client likenesses and enhances the professional representation of using client images. Like many online resources, Internet advertising affords convenient accessibility, quick updates, and cost-effectiveness compared to print materials but guidelines for announcing services, as outlined in the AMTA Code of Ethics, must be maintained. A music therapist in private practice offered the following suggestion when creating online advertising materials, “Don’t put anything on your website that you wouldn’t put in a brochure,” (J. Sokira, personal communication, October 2012).

Conclusion

This article highlights some of the ethical issues related to music therapy and technology, but should not be considered exhaustive. For example, cloud-computing usage and HIPAA compliance may be important in some clinical settings, so researching cloud-computing services that meet the criteria for HIPAA compliance is suggested. Music therapists should also be aware of data-retrieval options if files are accidentally deleted from a cloud-computing server. As technology and usage changes, new ethical issues may emerge or the guidelines provided in this article may become outdated. In spite of rapid changes, it is important for music therapists to be aware of the ethical implications of technology use and remain informed as technology use evolves in music therapy practice.

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