VECAP

Ethics of Telehealth in Vocational Evaluation: Theory and Practical Implications

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Abstract

The goal of this article is to understand the many ethical issues inherent in telehealth environments. Throughout the Covid 19 pandemic, vocational evaluators have been faced with many new challenges that interfere with providing effective services. Challenges associated with telehealth platforms are specifically highlighted as many were faced with transitioning to distance service provision. This brief will evaluate the role of ethical considerations in ever changing service environments. Further, this article will discuss specific ethical principles in addressing specific challenges related to telehealth in this area.

Keywords: vocational evaluator and ethics, ethical practice of telehealth service, COVID-19 and vocational evaluation, ethical models for service delivery

Introduction

In 2020, the service environments of all human service professionals was challenged by the effects of the public health emergency caused by the novel corona Virus pandemic (Covid-19). One substantial change that effected human service professionals, was the utilization of technology in the delivery of health care. In the past few years, telehealth has quickly become a necessary component to effective service delivery (Hartley, Peterson & Fennie, 2022). Telehealth is defined here as the use of electronic devices and telecommunication technologies to support distance clinical health care, patient and professional health-related education, public health, and health administration (American Telemedicine Association [ATA], 2020; Health Resources & Services Administration, 2020). The professional practice of Vocational Evaluation (VE) is used within this context to describe a range of services from vocational related screening to comprehensive vocational assessment, planning and delivery (Dowd, 1993;

Smith et al., 1994). VE has historical ties in the face-to-face service delivery model. Throughout this article the term client will be used to describe the person(s) who is the primary recipient of VE services.

Telehealth delivery service methods may occur either synchronously or asynchronously (ATA, 2020). Synchronous VE telehealth services include real-time healthcare delivery between the practitioner and client. Synchronous VE telehealth services may be used for several purposes including intake, screening, and evaluation. Asynchronous VE telehealth services are employed when information is shared in a clinical context but not in real time. Examples may include sharing a report with a client via email, direct messaging, or online telehealth portal.

Prior to the Covid-19 pandemic, benefits of telehealth were evident because it is convenient, cost effective, and has the potential to increase services (Abbott, Klein, & Ciechomski, 2008; Centore & Milacci, 2008; Hertlein, Blumer & Mihaloliakos, 2014). Another benefit includes connecting with younger transition age clients who are typically more technologically adapt (Lazuras & Dokou, 2016; Midkiff & Wyatt, 2008). Disadvantages of using these platforms may vary depending on access, use and security concerns. First, the security of using online platforms should be a top priority (Hartley, Peterson & Fennie, 2022). In the age of digital communications and data transfer, security priorities should be adaptive to meet the needs of telehealth practitioners and consumers. Any new technology adoption should be done with diligent review of security features and support (e.g., new virtual meeting places, cloud storage options etc.; ATA, 2020). While facing these systematic challenges surrounding security, VE telehealth providers need to be continually aware of the upgrades to software and needs of consumers.

Although this article concerns the ethics of telehealth service provision for Vocational Evaluators there are topics beyond the scope of this review. For example, state and federal regulation concerning telehealth services in which the professional operates, although necessary for clinical practice, is not included in this paper. Legal manners are also beyond the scope of this review. The notification of enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency should be referenced (Office of Civil Rights, 2020).

Codes of Professional Ethics

This article includes the ethical codes that many professionals functioning within VE environments follow. The Vocational Evaluation and Career Assessment Professionals (VECAP) published code of ethics provide guidance in working virtually (VECAP, n.d.). This official position was published in response to the ongoing COVID19 situation and provides guidance to those who work in vocational evaluation settings. Among the recommendations provided by this code of ethics, there is a necessity for client/consumer comfort and familiarity level with the technology being used.

Other codes of professional ethics informing this work include, but are not limited to, the Certified Rehabilitation Counselor (CRC), Vocational Evaluation

Specialists (VES), Work Adjustment Specialists (WAS), and Career Assessment Associates (CAA). Many practicing professionals in this field are Certified Rehabilitation Counselors (CRC), who follow the Code of Professional Ethics for Rehabilitation Counselors (Commission on Rehabilitation Counselor Certification [CRCC], 2017). Although at the date of this publication the Code of Professional Ethics for Rehabilitation Counselors was last published in 2017 was current, a revised code is currently underway for 2023. Next, the Code of Professional Ethics for VES,WAS and CAA (CRCC, 2009). Finally, the Code of Ethics: Setting the standards for Vocational Rehabilitation Professionals (Vocational Rehabilitation Association of Canada [VRAC], 2009). The purpose of these codes is to guide individual's behavior to act in a manner consistent with others in the field (VRAC, 2009). These codes of ethics also serve as a guiding resource for professional's entering new or unfamiliar practice areas (CRCC, 2017).

Recommendations

When engaging clients in distance counseling, the current article proposes that vocational evaluators consider the following three elements: setting, types of technology, and purposes. These considerations have been proposed from an ethical perspective, and do not cover the diversity of knowledge and skills required in such settings. The first consideration is the *setting* in which the telehealth services take place. The VE provider may practice in many different private and forensic environments, which will ultimately affect the general utilization of telehealth. For example, the VE needs to be cognizant of the policy and procedures in telehealth work. If these guidelines have not been established (i.e., private practice) the VE may need to lay the foundation for such work.

The next consideration deals with the *type of technology* being used for the vocational evaluation. The VE provider may use video conferencing software, e-mail, or more complex data management systems in order to conduct their business. This area will also impact the recipient of such services. Considering the technological availability of consumer/ client it is included in this consideration.

Finally, what is the specific *purpose* for the telehealth service? As identified previously, a key to laying the framework for telehealth services is having a clear perspective on how the interaction will occur (e.g., synchronous or asynchronous). Furthermore, is the VE using technology to transmit information, interview a client, or completing a report?
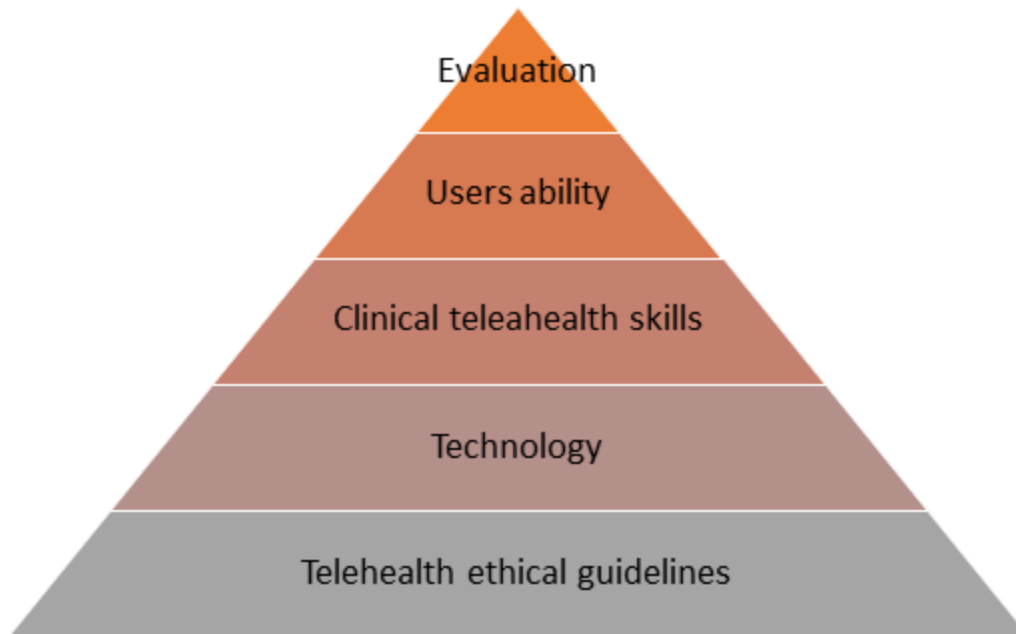
Figure 1 provides a proposed hierarchy of elements that may serve for effective practice (*American Medical Association, 2020; ATA, 2022;* Hartley, Peterson, & Fennie, 2022). This model preposes the relative importance of issues surrounding telehealth services by its hierarchy structure. The first level includes the specific ethical guidelines that should be established for services. These refer to the code of ethics and relevant guidelines that one follows. The next level includes the available technology, including equipment and supplies. The quality and effectiveness in service can be impacted by the technology used. For example, using an outdated system can lead to ineffective connection or inability to use certain software. The third and fourth levels of this model underline the importance of user knowledge and skills among the provider and client. If the client is unfamiliar or uncomfortable with the technology being used, they may choose to not proceed with services offered. The top of the model, evaluation, refers to the product or outcome of services.

A list of clinical skills include understanding and using technological potential, managing technical issues, and adapting to changing needs. Ethical issues for distance counseling include assessing the risks and benefits of engaging in the use of technology-based distance counseling, referral information for client emergencies, time zone differences and cultural and/or language differences that may impact services (CRCC, 2017; Midkiff and Wyatt 2008). If the telehealth intervention is evaluation focused, privacy and test-fairness are two issues that should be managed. Across these areas, providers should develop a comprehensive informed consent and documentation process. These documents should encompass the existing and emerging benefits and risk associated with telehealth VE service provision.

Ethical considerations when working with people with disabilities are should be a priority. This should include areas of fair access and use of technology (e.g., section J.2.a CRCC, 2017). VE must consider the degree to which any technology has been adapted

and if it is appropriate to the client's needs and accessible to the client given individual capabilities. This has a direct relationship with many of the areas of the proposed hierarchy including the types of technology used and user' knowledge and skills.

Another priority for telehealth regards managing emergency situations. Having a robust set of contingency plans in place on an average day will aid the vocational evaluator during unexpected events. To complicate matters further, these plans must also consider the VE professional, and client may not be in the same geographic location (Midkiff and Wyatt 2008). These emergency plans may include having secondary modes of contact and plans for client's safety and security. Remote storage of data may also elevate concerns of hardware damage. In addition, generated power may be necessary for service delivery. Remote work protocols should also be considered for events involving evaluation or relocating. These guidelines should help clarify roles and responsibilities in unexpected events.

From the perspective of the client/consumer there are several issues that impact their utilization of telehealth services. Many are beyond the scope of this review, however the two issues addressed concern technology availability and familiarity. The first issue concerns access to technology and internet availability. Clients may have several concerns where access may present itself a barrier to services. The VE provider may need to address these issues prior to service delivery while also negotiating existing technology and internet availability. The final issue concerns the prior familiarity with technology enabled services. Clients will approach the evaluation process having had a range of prior exposure to technology services. Further, the VE should have a good understanding of prior technology skill that the client processes prior to the engagement in services.

Conclusions

The growing number healthcare providers has expended expendably over the past several years (ATA, 2020). This exposure will affect consumers interactions with VE service providers. The use of technology has become imbedded in how vocational evaluators interact with the consumers they serve. Whether interacting synchronously or asynchronously VE professional should continuously evaluate their ethical obligations while working in these environments (Barros-Bailey, 2018). This article has focused on general benefits and limitations of telehealth environments.

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