

**Divergent Technology: An In-Service Presentation About Tools for Counselors**

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**Author Note**

Appointments for consultation are encouraged, whether they focus on peer supervision, technology advising, or otherwise. This URL links directly to current appointment calendars:

<https://calendar.google.com/calendar/u/0/appointments/>

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Immediate access on a personal device may be found by scanning the QR Codes for Access to Divergent Technology (Appendix A). Slides for presentation of this material are available:

<https://presentation-archive.herokuapp.com/divergent-technology.html>

To download this writing (QR Code also in Appendix A):

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**Divergent Technology: An In-Service Presentation About Tools for Counselors**

The information age presents counselors with a bevy of opportunity in digital tooling and software integrations useful for improving efficiencies in clinical practice. With all these opportunities, especially when combined with the ethical and legal considerations surrounding client privacy, also comes many potential pitfalls for anyone lacking training in technology and information security best practices. This exploration of deployed solutions currently in use by practice members and interns is offered to provide an introduction to these considerations.

**Presenter Biography**

My path here began in adventure sports like backpacking, cycling, and paddling. Through high school and undergraduate studies focused on music and information systems I pursued time outdoors as often as possible. Over the next quarter-century my love for nature continued developing while planning and participating in solo and small-group expeditions lasting as long as six weeks in the back country. These pursuits helped me recover from the grind of toiling in support, engineering, and architecture roles at software companies ranging in size from scrappy two-team start-ups to national telecommunications giants.

Despite the therapeutic value in human-nature relationship, repeated loops through learning new work cultures and their demands escalating through burnout left me searching for something more. It wasn't until persistent impairment in chronic burnout took hold that I turned my focus toward developing a home place, amending the soil and ensuring water delivery, in self-directed therapeutic efforts. I welcomed in ever-expanding biodiversity, and celebrated small improvements in personal strength and stamina while finally sorting out my first steps toward a sustainable sensory diet.

Now, I look to neurodivergent and queerly identifying people when offering perspectives based on lived experience and dedication to a spirit of service; building neuroqueer community, and freely sharing my own skills and gifts, through the lens of cultivating our gardens. I have included a wide array of texts, websites, and video in the References section, and warmly welcome discussion of these collected works; a foundation for how I approach clinical work through social justice and trauma informed praxis.

### **FERPA, HIPAA, and PCI**

Each of these acronyms represents relevant legislation protecting people from needless exposure of their private data. As students of a counseling program, an intern's data is used by the school and covered by FERPA (Department of Education, n.d.). The practice where interns continue their education and begin applying lessons learned would fall under similar auspices as an agent of the education provider. Practice members and interns alike are responsible under HIPAA (Department of Health & Human Services, 2024), wherever client data is concerned. Similarly, PCI DSS compliance (Security Standards Council, n.d.) rules over any payment card transactions made in exchange for services, or as co-pay to an insurance provider.

In terms of specific focused effort, any time we touch client data that includes financial account details, personally identifying information (PII) or protected health information (PHI) we accept this responsibility. Any time we save, store, or transmit these details we need to be sure that we are using the latest encryption tooling on systems running all the most recent security patches and only sharing protected data with parties who are recognized by signed consent(s) from the identified client. We also need to be double locking physical devices, printed

pages, and hand written notes away from prying eyes. And finally, we need to keep these details out of our email accounts and chat messages (e.g., SMS, Slack, social media, etc.).

These behavioral restrictions might be perceived as extreme, or overly cautious, by some. Consider that many data breaches are accomplished by nefarious actors posing as potential clients or contractors visiting an office to ask seemingly benign questions. In the early days of building the internet a truism was born: the only secure network is one that isn't plugged in. Continued, and escalating, attacks on customer data privacy are most often successful, and damaging, when well-meaning humans are moving data from one storage location to another.

Clinicians are encouraged to keep using email for connecting with clients and arranging meetings. Any time messages cross over domain boundaries, like email sent from accounts on *divergentmentalhealth.com* to any other email provider or business website, the contents of these messages are especially vulnerable to attack. The key is to remain mindful of sharing only the bare minimum necessary information until communication via secure encrypted tunnels has been established (like using Messages in SimplePractice, or Meet video conferences).

## **Availability Calendars**

When seeking to arrange a meeting we have a multitude of options for ways to navigate this process. One of the more laborious options would be to look over one's own calendar before sending a few options to a (prospective) client for their selection. In the event that none of the proffered options meets client availability or this process is happening in parallel, as in cases where clinicians find themselves working multiple concurrent intakes, the process may quickly become rather tedious and error prone.

One of the more simple options to alleviate this sort of strain would be to use a tool like When2meet (8 degrees LLC. n.d.). This simple browser-based applet allows for some basic configuration of proposed meeting times, and then collects feedback from potential participants to arrive at the option receiving the most votes. Unfortunately, it does very little to avoid the initial manual analysis seen in the email option already described.

Stepping into enterprise-grade solutions we come to one encountered frequently when interfacing with Naropa staff, Calendly (Calendly, n.d.). It comes with a polished web presence and claims about effortless integrations with various calendaring tools. Here again, as with email, any time our data crosses domain boundaries we must acknowledge the potential increase in risk we are willing to hold.

This brings us into consideration of the tools already at our disposal as affiliates of Divergence Mental Health Group. Let's begin with a look at our Google Workspace, HIPAA-compliant tooling formerly known as GSuite (Google Workspace, n.d.). Included in every plan are Gmail, Calendar, Drive, Meet, Chat, Docs, Sheets, Slides, Keep, Sites, Forms, and AppSheet (with Gemini AI available as a fee-based add-on). Just as during the advent of *cloud computing*, or *cryptocurrency mining*, my professional recommendation would be to avoid *no-code programming* and generative *artificial intelligence* solutions entirely. None of these buzz-worthy thought spaces offered even remotely mature implementations when their creators began marketing them to the general public, and AI is certainly no exception. One has only to perform a web search using the key phrase “racist facial recognition” before diving through the top results to discover support for this position.

More specifically, when clicking on the *Create* button in Calendar we see an entire list of options (as opposed to a default to creating an event on a given date). At the bottom of this list is the option to add an *Appointment Schedule*. Following through this workflow one is presented with options for declaring windows of available time on each day of the week as well as setting aside exceptions to these policies. Buffer time between appointments, adding extra calendars, or declaring co-hosts are a simple form fill away, and default locations, descriptions, and reminder settings round out the configuration options presented.

One might create multiple appointment schedules, each with its own custom settings for session length, etc., and then fire a single link to clients to choose between the various options in their own time. I opted to build out one for short consultation calls as well as separate options for longer counseling sessions and technical services. Each schedule may be set to work against the same calendars (one's personal calendar by default) and allow for layering automatically updated options whenever anyone books a meeting by submitting their name, email, and phone details.

SimplePractice is HIPAA compliant and HITRUST certified, indicating attention to the use of industry best practices in building digital solutions (HITRUST Services Corp., n.d.). It features Scheduling, Documentation, Billing, and Client Communications (SimplePractice, n.d.). Zeroing in on scheduling tools, we see that SimplePractice hosts options to sync iCal, Google, or Outlook calendars to organize and streamline appointments across varied calendaring systems. *Online Appointment Requests* allow clients to book appointments after clinicians have configured their office hours, and using imported calendars would support ensuring presentation of an

accurate mapping of one's availability. This feature set also comes with the aforementioned risks inherent to system integrations, so your mileage may vary.

## Group Administration

The SimplePractice EHR, or Electronic Health Record system, recently released a new way to manage group sessions. Let's begin with an exploration of the individual member management approach and then compare that to the new feature (billable as an add-on per clinician, and configured by system admins). Similarly to individual charts, multiple clinicians may access a group's client files even though it remains assigned to one particular clinician.

For adding a member to any group provided at Divergence, clinicians will need to perform the same initial consultation and intake sessions they would for individual clients. Clients already having charts built for individual treatment may skip the intake and treatment planning steps, and adding them to group scheduling would require an admin to allow chart access for the group facilitator(s) in addition to the original therapeutic relationship.

The original process for setting up appointments on an individual basis is much like any other individual session. The key differences would be the CPT codes in use and implementation of the correct balance of locations set to *Video Office* (e.g., one per group, chosen arbitrarily from the membership) and the generic *Telehealth* option. Remember that the difference here is that Video Office creates a unique link to a telehealth session for each recurring appointment, where the Telehealth option is used as a placeholder for the remaining members.

This process, owing to these workarounds, demands that clinicians manually create BCC email to the group members each week with the appropriate telehealth link. Given that this link

only resides on the primary facilitator's calendar, the chore falls to them. Addressing the message To field with the co-facilitator's email allows clients to Reply-All and reach both co-facilitators in a single reply for notice of cancellation, etc. At the time of writing, my role as a clinician grants me Basic Access + Billing, and I see the Group option near the top of the form to create a new appointment; unfortunately, it did not appear to have the Video Office location configured, so there may yet be some administrative work needed before clinicians may take advantage of this advanced tooling.

Some other limitations of the new group appointment feature are worth considering. Clients cannot book group appointments through the self-service options available for clinicians who have set up office hours in SimplePractice. The Secure Messaging feature does not allow for group interaction, so individual messages would still be used to communicate expectations for pending meetings. Group appointments also do not allow access to the Load Last Note feature found with individual charts.

## Questions Answered

In the responses I received to my inquiry about preferences for topics to cover I saw some confusion over which templates to use when writing notes, and how to generate links with the Telehealth location used for all but one group member (who gets the Video Office option).

I learned about which templates were preferred in supervision, so this may vary by supervisor. Generally speaking, I use the *Counseling Progress Note* for individual therapy sessions. This is my most used template, as seen in the options dropping down from the *Load Last Note* pull-down menu located to the right of the note template pull-down menu. I use

*Intake Counseling Session Note* for intake sessions, and the *Simple Progress Note* option for adding client emails to a chart. The *Load Last Note* button is especially useful for those clients who tend to show up in consistent ways, alleviating the need to weigh all the various checkbox and text field options from scratch with each note I compose.

The video links were discussed briefly above, though because it did come through the replies I solicited while planning this presentation I'll address it here as well. The Video Office option is the only one generating those video links, and this does not appear to be configured for the new Group Appointment feature at the time of writing. Assuming an owner/admin is able to modify system settings to allow for that option to populate when creating appointments, these considerations would disappear as we lean into the new feature and appreciate the hard work from the software development team over at SimplePractice headquarters.

To dive deeper on protecting personal privacy, check out the *Online Harassment Field Manual* (PEN America, n.d.). Hosted there are guides for people targeted by abusers, those who witness or stand as allies, and even advice for employers seeking to implement best practices.

Thank you for your time and attention to these matters. I'm sure your clients would thank you if they were aware of the level of effort needed to stay on top of information security. And, I hope we're all continuing to devote enough mindful attention to these practices that they never need to know the difference. Please reach out with any questions or concerns relevant to this presentation, the digital tooling we use, or to discuss any of the resources I've included.

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**Appendix A**  
**QR Codes for Access to Divergent Technology**



Author's Appointment Calendars



Divergent Technology Slides



Divergent Technology Paper