

Dr. Tara Sanderson [00:00:00]:

Welcome back everybody, and thank you for joining me. Today we are talking with Liath Dalton of Person Centered Tech, one of my most favorite people in the whole world. We love to chat with each other on all things HIPAA and privacy and concerns about practice, and especially talking about how to help practices engage interns in an ethical and responsible way. So thank you for joining me Liath and let's get started.

Liath Dalton [00:00:29]:

Thank you so much for having me. And it is always a highlight of my day when we get to just riff on these topics that we both are passionate about. So, I'm looking forward to this conversation.

Dr. Tara Sanderson [00:00:42]:

Yeah! One of the things that I think we have talked about many times, but I haven't talked about on this show very much, is this idea of how we are setting up the next generation of therapists to understand HIPAA better. So I think all of the folks who are doing therapy right now, we've all been required to take some sort of a HIPAA training in some way or do something. So, like, we get it. It's one of those boxes that we check off a lot of times. And I think that there is significant concern sometimes of how it's being conveyed to the next group of people. Right? I'm assuming you see that too, in how you train and support practitioners in a lot of different places.

Liath Dalton [00:01:32]:

Absolutely. And I think part of it is, you know, the kind of old- Old guard approach to HIPAA is very much that it is performative. Right? You check the box, you do a generic training that is, if it's not a person centered tech training, it's dry and feels kind of arbitrary, but you go through the motions and then you move on. Right? And that sense then is that it really is arbitrary, that it isn't supportive of meeting legal, ethical needs. It's more just these regulatory requirements that are imposed but aren't really related to effective client care. Or are somehow counter to or disruptive to that ability. Whereas the reality is that HIPAA becomes this framework that is our most useful tool, because it's both specific and flexible, that supports us in being able to meet the ethical and legal requirements around safeguarding client info. And it really has a role in maintaining- Like establishing and maintaining an effective therapeutic alliance too, because safeguarding the client info that we're entrusted with is paramount. And if that breaks down, if there is a breach, that can have really significant repercussions, including to the ability to maintain an effective therapeutic alliance. So if we are framing it that way, it becomes so much easier to engage with. And like I tell people, HIPAA is your friend. It really is. And it is especially your friend when we're talking about a practice context where you're bringing in interns and supervisees, and you're helping to nourish and steward the next generation of practitioners. So if you're entering this kind of consideration of how to bring interns and supervisees into your practice, and your own experience with HIPAA has been more like the former way that I

described it, then now is a great time to kind of reconsider how it can be supportive. And how you are curating a good culture and foundation within your practice, so that the next generation doesn't have that same experience. And they are equipped with these tools and with a positive relationship to them that will serve them in your practice and help protect your practice. And this is that point where I always have to say one of the many PCT mantras, which is "CYA is self care" as well. Right? You need to be protecting your practice, but then you're also helping to empower them to protect whatever practice they go on to, if it's another practice, or they start their own practice. So there's a lot of fertile soil here.

Dr. Tara Sanderson [00:05:10]:

Yeah, absolutely. And right as you were saying that, I was thinking about Dr. Nathalie Edmond and a couple of other folks that I have worked with over time, where we've been talking about decolonizing, we've been talking about how do we break open the old patterns and the old ways that we have done things both in the racism front, in the sexism front, in all sorts of different endeavors. And what I heard you say was, just because this is the way it's always been done, does not mean that this is the way that it has to be. Right? If we ask the question, "why?" Why does HIPAA matter? HIPAA protects our clients. I don't think any therapist on the planet is thinking to themselves, you know what I'd like to do? Just expose all of my client information everywhere for no good reason. We all are like, of course we want to protect our client information. Of course we do. So HIPAA provides us an avenue, a guideline, some rules to follow in how to make sure and how to ensure we are protecting our client information. And when we've come at it from that angle, it doesn't seem like terribly laborious and horrible and hard and wrong. It seems like, yeah, well, of course we would have safeguards in place. Of course we would have a policy manual that we would train all of our workforce, including interns, to be a part of. Of course we wouldn't use some free option that's like sending a postcard through the mail. We would, of course, put it in an envelope because even old school inter-office memos came in an envelope with like you write the name of the person and you wrap up the thing and you give it to the next person. Right? We've always felt really strongly about protecting our client information. That's a big component of why we are so protective of our notes and all of those things. So HIPAA is really just guidelines to make sure that that is possible across the board. I mean, and it's not just there's lots of aspects of HIPAA, but that's its goal, much like our board's goal is to protect the public from our having power in the situations that we're in while people are vulnerable. When I remember that, then I don't have to get mad when the board makes rules. I can look at it and go, okay, they thought this was really in the public's best interest to keep them safe. That's why they're doing this. That makes sense to me, right? We're disrupting and dismantling this idea that it's just boring. Check the box. I did a HIPAA training, right?

Liath Dalton [00:07:40]:

Well, and one thing that I see so often is a lot of anxiety that gets generated if you don't know that you have the systems and structures in place to safeguard client info. Every single therapist

that I get the pleasure of interacting with, no matter where they are on the continuum of tech averse or ambivalent to, tech comfortable and proficient, has at least a spidey sense, a security spidey sense of when something doesn't feel right. When it feels like there is risk and potential exposure occurring, and that doesn't feel good, and that generates worry that ends up adding cognitive overload. And so it's so freeing to actually have a system in place where you know that what you can control. Like, you define what you're supposed to be controlling, and then you put in place the measures to control what needs to be controlled. And then that relieves a lot of anxiety and overhead and just kind of depletion. And I feel like in our modern practice context and just modern life as well, that having any sort of freed up capacity and reduction of anxiety around those pieces is so beneficial. I want folks to lean into the HIPAA Can Be Your Friend, and you can model that as well to the next generation. So there are multiple benefits to really engaging it in an intentional and systematic way. And that's one thing I've loved getting to see you implement within your practice as you first brought on interns and then have grown and have your practice in its current iteration is how you've put those supports in place and are modeling it, and how that gets reflected in the work that your team does too.

Dr. Tara Sanderson [00:10:05]:

Yeah, absolutely. And I build my practice in a way of, like, I love for people to stay once they get licensed, but I'm also really excited to help people launch when they're ready. And for me, if I take everything as, they're going to walk out of here and either use it or not, at the end of the day, it's their choice to follow whatever they're going to follow. But my hope is that they walk out of here and recognize like, okay, I know the steps to make sure that I'm HIPAA secure. I know the steps to make sure the systems that I'm purchasing have the right components because it's been drilled into me that these are the reasons we picked the components that Dr. Sanderson picked. Even if they choose different ones, they can think through. Okay, well, does this one give me a BAA? And does this one- where do they host this information? And what will collaborate through here or not? Or what things do I need to have separate from my confidential information? So that they're asking all the right questions of whatever software, whatever equipment they are planning on using, so that they can make their own decisions and do their thing, but also be thinking about, this is important, this is how, not why. This is how we make sure we keep our clients information safe. Right? So anytime a clinician is asking me about, like, hey, I want to go to California and be with my parents over this period of time, but I can totally see a client. I- Instead of saying, let me ask you this litany of questions to make sure you know all the rules, although we do cover them all. I ask them a lot of times. Okay, well, what safeguards are you putting in place to make sure your client information is safe? Let's go through that. And then they start saying things like, oh, well, my bedroom is on the third floor. Everybody usually hangs out on the first floor, so I don't have as much risk there. But I could also put my phone out with a white noise sound. Okay. And I'm like, great. So it sounds like you're thinking about sound carrying. It sounds like you're thinking about this. Those are great. What about your computer? And we start working through all the things so that they can think about what else is there, right? And then, of course, we come up with things like, can I do work from another state? Which is vitally important. I hear that from you and Eric a lot. Eric Strom

shares a lot of that information about how you can do things cross state or not, what questions you need to ask. That jurisdictional stuff so important as we're learning the rules change, right?

Liath Dalton [00:12:38]:

Yes, absolutely. And as a sort of aside, but very much related to that jurisdictional piece and, you know, having a clinician traveling out of state and providing care back to where they do have permission to practice, they're registered or licensed. Right. Is that increasingly recently, we've been seeing that other- That there are licensure boards that are restricting practice from within their borders regardless of whether or not the client is located there. So that's just this important piece of the cross jurisdictional due diligence. Like there always have been three potential jurisdictional authorities that can say something, but we're now seeing that the third one, if the provider is outside their state of license or registration, where they're physically located, can also put a restriction there.

Dr. Tara Sanderson [00:13:46]:

Yeah.

Liath Dalton [00:13:46]:

Just a little aside on that front because it's catching folks a bit more off guard. I think after COVID or through COVID, folks are on board with realizing that the primary jurisdictional authority is going to be where the client's physically located at the time of session. But now being more aware of this other component is important too.

Dr. Tara Sanderson [00:14:11]:

Absolutely. And I think that speaks to even like a deeper level of work that we have to do with our supervisees and our interns, is being really aware for ourselves when those rules change and making sure to pass down that information. One of the questions that one of my supervisors asked the other day, I was sending off a thing about advocacy at the state level or advocacy through APA. And he sent me an email back and said, how do you even get on all of these lists? I thought I was on all of these lists, but clearly I'm not because I never got this information. How do you get access? And I thought, you know what, I am not going to be able to forward them emails forever. They should have access to all of these things and I should be teaching them where this access is located. So instead of just forwarding an email, maybe I also need to be highlighting. And if you want to get on this list about these things, here's, this button right, go here and get access to these things. And especially things like this where all of these jurisdictional things are changing all the time, how do we find out unless we are being an active participant in learning those pieces? So it means maybe I refer them to listening to the Person Centered Tech podcast. Or maybe it's that they need to become a part of this in whatever states they think they might be involved in, because all of those places do do some sort of a mailing list

or a newsletter or something that keeps you up to date. But it's a lot of work to keep up to date with all of that stuff. So helping them devise ways of figuring out what's important. I don't watch all 50 states, but maybe I have clients who do Hawaii and Washington DC. So I can say, okay, I'm going to watch those two because those are probably my most consistent, where I might have need to do some cross jurisdictional work.

Liath Dalton [00:16:02]:

I thought you were going to say Washington state initially since that's our neighbor to the north. Yes, and then we know California is just a no go. But I love that thought too, of telling your team members how they can think through what to narrow their focus onto. Right? Because part of where folks stop tracking things and learning is if it just feels like it's so overwhelming because it's so vast. Or- and if it feels like, well, there's so much that's not going to be applicable to me, that that's an outlay of time and energy that isn't really necessary. So identifying that rubric for how you specify what you're paying attention to and then identifying the resources that help you stay current and kind of filter the noise a bit as well. It's really excellent training and setting them up for success.

Dr. Tara Sanderson [00:17:17]:

Yeah. And I think even as supervisors, one of the things we could do is build that into, like, our quarterly feedback with them. What are you paying attention to this quarter? When we're talking about your professional development or we're talking about what's going on in the world or what states are doing? What are you paying attention to this quarter? And if it's the same thing as last quarter, great, keep going on your way. If it needs to switch up because now I don't have people in Hawaii. I have people who are going over to another state, then great, let's cancel that one or filter it off to a folder where you don't have to pay attention to it for a little while and just have the other one show up for you. Like whatever you need to do to keep your focus on the things that you are really trying to learn and grow in this quarter. Because if we can build that into that system, we can teach them, again, a system of checking in with themselves each quarter. What do I need to be focusing on? What are my clients needing this quarter? What's happening in the world that I can make an adjustment for? Most legislative seasons are just one portion of the year. So if you're going to re allocate some time to something, maybe during that season you're really focusing on advocacy and then during the rest of the year you're focusing on something else. But having that check in.

Liath Dalton [00:18:32]:

Oh I love that, like having a little calendar as well, of when it's most beneficial to be particularly engaged with a specific resource or information source. Right? I love that.

Dr. Tara Sanderson [00:18:46]:

Yeah. We can't fight all battles and we can't keep track of all things, but we can gear our focus towards the things that make a difference right in the center where we want to be at this time.

Liath Dalton [00:18:58]:

And figuring out how to discern what that is, is, I think one of the excellent things that the way you approach practice ownership and supervision is supportive of. So I love seeing that. And I think before we even started recording today, we did our usual of just diving right in. And it makes me want to go back to that piece that we were talking about around the structural support for how to manage these things. I think we've kind of now talked through the more theoretical and conceptual framework of why HIPAA is supportive, why it matters. And something that I think ends up being a barrier from getting from the why to the how is, well, what's the structure? What's the system that actually facilitates that? Right? And that's why you and I are both such huge proponents of having it in a manual, having it all defined so that it's clear and it's uniform. And utilizing that, not just as like, okay, I've got these papers that say these things on them and it's filed away and tucked away, but it really gets interacted with as a living document. That's kind of the primary scaffolding and guidelines that you have in place for how things actually get implemented in practice, because that in practice piece is really what's at the heart of it. Right? And if it's not being engaged with, if it isn't something that is interactive, then it isn't meeting the in practice needs, and it is just performative then. And I think the approach of get your foundation in place at the outset, if that ship has already sailed, it's never too late to put that structure in place. But if you have the ability to be proactive instead of reactive and get that supportive structure in place before bringing on interns and supervisees into your practice, it's going to make your role as a practice leader and supervisor a lot easier. Yes. And it's going to mean that it is a more realistic endeavor to be imparting the Why and What with the How to your interns and supervisees.

Dr. Tara Sanderson [00:22:06]:

Yeah, I often- When people consult with me about what they should do in these types of situations, all sorts of types of situations. My first question is like, well, what does it say in your handbook? And the answer I get a lot of times is like, so what does it say in your handbook? Because I don't have one. And I go, great. Well, let's talk about building you a handbook first and foremost, because when questions do come up from your supervisees, when questions do come up from parents whose children are seeing your supervisees, from all of those things, it's such a lovely thing to say: This is why we do what we do, because it's built into the way that our company runs. Right? Our company runs off of this handbook. When somebody asks me, why do we have a cancellation fee that's this amount? I go, because that's what it says in the company handbook. That's what the company has decided. It doesn't matter that the company is technically me, and I decided that thing, but I can blame it on the handbook. You know how many people question the handbook? Not many. Not many at all.

Liath Dalton [00:23:12]:

Right?

Dr. Tara Sanderson [00:23:13]:

When people say, like, this is why this is the rule. Because this is the rule from the handbook, everybody goes, all right, and goes on their way. Because we are a very strong culture of, like, this is the rules, and we follow them if they're in the handbook. Right? For a variety of purposes. Now, I will say, of course there are outliers, but I think globally, you can solve a ton of problems when you've said this was thought about, discussed, and written down, and trained, and we can refer back to it. Like, so many things are so much easier. So when my clinicians have questions, I always ask the next one of, well, what does it say in the handbook to do? And if they come back with, it's not in there, then I go, great. Let's write a new policy. Let's put it in because this is a living document to manage the things that come up in our practice. If we don't have an answer that's in there, we write one and put it in there. And that's how we train to do it from here on out. I love when HIPAA stuff comes up and they say, well, is this really a HIPAA concern or not? And I go, well, let's go look at our handbook, let's go look at our workforce policies. Where would this fit? How would we know that it did or didn't do whatever it was supposed to do? Because then we can keep coming back to this thing that the policy is really built to protect us, where HIPAA is built to protect our clients. Our policies and procedure manuals are built to protect us in that process. And it makes so much sense when you're building an intern manual or whether you're building a practice, how you run your practice manual or the HIPAA security policies and procedures. They're all just really built to protect you and make sure that this is how we do things so that you can be consistent.

Liath Dalton [00:25:03]:

Exactly. And I think the emotional impact for you as a leader is so different when you know that you have that in place and you have a process for how to respond to things that it isn't just always emergent and reactionary, where you get posed a question and you're having to answer on the fly. And the answer is something that has real tangible implications. Right? It's not just sort of a theoretical or hypothetical consideration. It actually matters. And so if you aren't having to do that whole process of like, oh, I can't actually answer you right now because I need to go research it and find out what and why the answer is or what we're supposed to do in this situation. That doesn't sound super appealing, right?

Dr. Tara Sanderson [00:26:10]:

No, it doesn't sound super appealing. It makes people get a little antsy about like, do we know what we're doing here? Is this some fly by night operation? And I will say, don't be afraid of looking at somebody and saying, like, you know what? We haven't come up with that before. We've got all of these other policies in place, but this is a new one for me. Let's discover it together. Let's work together to write a policy that we can all feel comfortable with, that'll pass

our lawyers, double check, like, all of the things, and let's dig in because we can't have a policy and procedure manual before you get started that covers absolutely everything. You can have one that really sets you up well for making decisions and how you do things and kind of reflecting back on stuff. But you're going to have to add to it over time. So it's okay to say, I don't know, but we're going to find out together and we're going to write that policy and get it in there and then we'll know for the future, but we don't want to be- We don't have anything in place.

Liath Dalton [00:27:13]:

Right.

Dr. Tara Sanderson [00:27:13]:

Because that makes everything seem scary.

Liath Dalton [00:27:17]:

Exactly. And when you have your initial foundational policies and procedures and manual and handbook in place, the contents of that are, in more cases than not, whatever emergent items that come up that aren't addressed in them- How you respond to and the policy that you create in response to that emergent item, is going to be informed by the contents of what else is there. Because it's defining the parameters and like, well, what's the kind of outcome that we need to be solving for here? Right? Like, even if we're talking in pure HIPAA terms, the whole concept of your Security Circle, right? Of our Security Circle needs to be established so that all of the client info that's our responsibility to safeguard and protect is kept within that circle. Nothing leaks out or is sent out. We keep the perimeter intact and from getting porous, and that- Just that concept then makes those emergent sort of decisions that can come up easier to know how to address. Because it's like, well, is this something that compromises the circle's integrity? Or is it something that expands and strengthens our security circle? That's like one useful concept that I think ends up being kind of a touchstone for workforce in how they're making decisions too. It's not just applicable to practice leadership and the primary decision makers, but can filter into all aspects of the practice. And I imagine that you have some other kind of analogous concepts that you share with your team as well in addition to the security circle concept, right?

Dr. Tara Sanderson [00:29:24]:

Yeah, absolutely. The first ones that came to mind is what does the ethics code say? Is there anything in our state laws and rules that says we have to do it a certain way or not? Right? And then of course, we have that HIPAA component that we say like, okay, is there anything in that that we are missing or challenging? And then I honestly have my folks do what you were talking about earlier, of kind of having a gut check of is there anything about this that feels like it's not quite right in some way? Because sometimes the rules and laws and ethics and all the pieces won't connect with it, but there's something in you that's like, oh, this still feels a little bit shady.



I'm not sure. It's okay to just say, like, then let's not. Let's decipher that this is not for us at this time, and we can write a policy to that extent of, like, maybe there's just not enough research or maybe there's not enough information out there yet. Or maybe it's too new for us to dive in and figure out. To expose our clients to in that way, or to expose our confidential information to in that way. So we're going to go ahead and wait and see what happens. We're going to give ourselves some time before we address that piece or whatever. The other piece that comes up for me inside of that gut check is the idea of like, if it- If the purpose of doing it is to be easy and not right, then let's just take a step back. Right? Just because it would be easier to push this button and copy and paste last week's information into this week's information doesn't mean that it's right. We know that the right thing to do is to write a new note. And there's some things that I copy and paste for sure, like the medication list that's in each child's- person's chart. I absolutely copy that because I'm not going to remember how to spell some of those medications every week. It's just not happening.

Liath Dalton [00:31:15]:

That's just one portion, and that's still your rubric for why am I copy pasting this specific piece instead of the whole thing is, well, because I want it and need it to be accurate. Like the first time I obtain that, I'm making sure that it is accurate. And then I know you do the periodic updates on that too. But yeah, that's not something that would benefit from copy and pasting, but what's discussed in the actual session and any interventions that should not be copy pasted. Right? Because even if it's super similar, there will be nuances and differences that are relevant. That need to be captured.

Dr. Tara Sanderson [00:32:08]:

Absolutely. I do for my supervision notes, and I know we have to wrap up, but for my supervision notes, I do a lot of copying and pasting because I want to keep updates on what happened with the client the week before and what I recommended so I can follow up on some of those pieces. That part makes sense for me to copy and paste because it's not what am I teaching and doing for this clinician, it's information on a client that I need to keep track of over time. Right? So I don't start a brand new note every time for every supervisee that I'm taking notes on, but when it comes to analyzing their strengths, analyzing their weaknesses, analyzing their goals for this term, any risk issues- Yeah, that's not the information I copy over from last time because I need fresh every time. What is it that is going on in your world? What risks are happening so that we can navigate those before we get into anything else? And so I, you know, we have the option to pick and choose some of those pieces and we need to be really thoughtful in that process.

Liath Dalton [00:33:07]:

Yeah, that intentionality. And I love your sort of spin on one of the things that Eric- I know we talked about Eric Strom earlier, will often say when we're considering an ethical conundrum or something where there isn't a clear black and white answer on. His guidance of it is it is okay to

be wrong. Like if the end result is you are wrong but you were reasonable, that is okay. It is not okay to be unreasonable. You need to show your thinking and your rationale and have it be supported by all of the kind of relevant primary sources or authorities that would inform your ability to make such a decision. And the not wanting something to just be easier, it also needs to be right. And if something is easy, that doesn't necessarily make it right. And sometimes the easiest answer to a challenge or desired outcome can actually be what's going to be more prone to error or issue. And so always thinking through what the necessary outcome needs to be and all the factors that have to be evaluated in determining that outcome. And then the, like, is it reasonable? So I think there is a nice synergy between those two concepts of easy doesn't necessarily mean right, and it is okay to be wrong. It is not okay to be unreasonable.

Dr. Tara Sanderson [00:34:57]:

Absolutely. I love that.

Liath Dalton [00:34:59]:

Me too. I'm like I think you might have an episode or a title for the podcast.

Dr. Tara Sanderson [00:35:05]:

There you go. That's perfect. Well, thank you so much for being here, Liath. Is there anything that you want to plug before I let you run on your way?

Liath Dalton [00:35:16]:

I would just say that no matter where you are in your practice's lifecycle and what you have in place, that PCT does have supportive resources for both in-practice and formal compliance. And so if you are looking to bring interns and supervisees into your practice, connect with us so we can help you identify what your needs are and what supportive resources we can provide for that. If you already have interns and supervisees in your practice but you don't have some of the pieces that Tara and I have just been talking about in terms of that manual and policies and procedures, again, please do connect with us because we've got you covered on, on that front too. And last but not least, I know that you always make the very important point that folks need to be treating interns and supervisees as workforce in their practice under HIPAA, that they are not independent.