

CCPPP NATIONAL TRAINING SEMINAR
SERIES

Ethical and Professional Considerations for Social Media Use



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On the agenda

Key takeaways:

- Understand key ethical challenges
- Consider professional and personal online behaviour
- Review common recommendations



First, a bit of history

Pre-technology
social networks

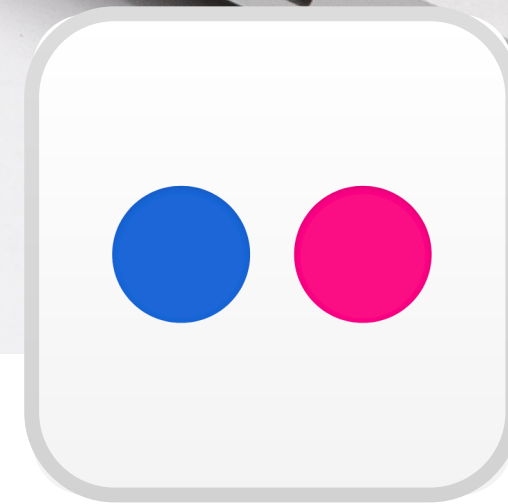
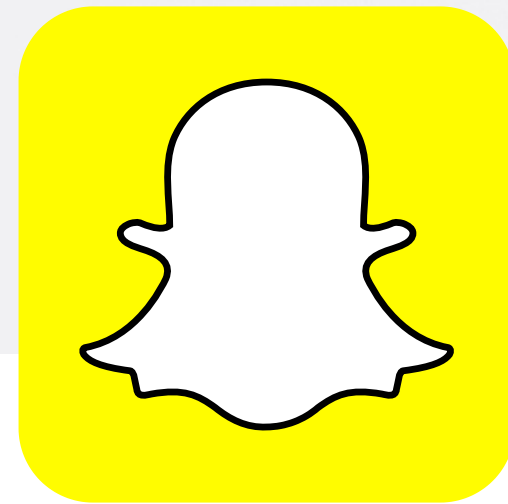


ARPANET



Web 2.0







social media noun, plural in form but singular or plural in construction

 Save Word

Definition of *social media*

: forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos)

Poll

**What social media
platform(s) do you use?**



Fun facts



3.78 billion social media users worldwide
(Statista, 2020)

Facebook is the market leader
(Statista, 2020)

Most common in 18-29 year age bracket
(Pew Research Centre, 2021)

Average time spent/day worldwide: 144 minutes
(Statista, 2021)

Why use social media?

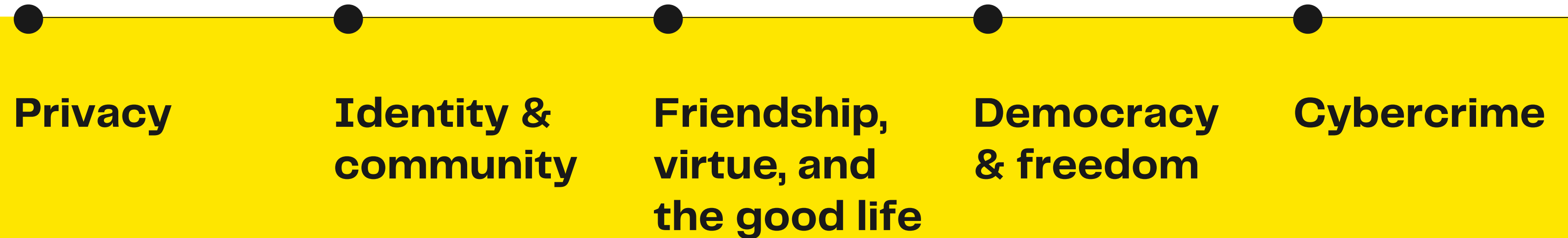
- Establish & maintain interpersonal relationships
- Creating a personal identity
- Seeking information
- Entertainment

(Anderson et al., 2012)

- Networking
- Advocacy
- Raising the profession's profile
- Marketing (e.g., clinical practice)
- Research (participant recruitment)
- Sharing research
- Staying up-to-date on research

A broad ethical perspective

Contemporary ethical concerns include:



(Vallor, 2016)

New & old questions

Dilemmas for professional psychology:



Cohort differences & training implications

"Friending" & "following" clients

"Googling" clients

Posting "anonymously" about clients

Personal vs. professional behaviour

Poll

**Have you talked about
social media use with a
clinical supervisor?**

(or with a trainee?)



Poll

Have you been told by a client that they Googled you?



Cohort differences & training implications

Supervisors may not be able to effectively advise trainees about social media interactions with clients ...

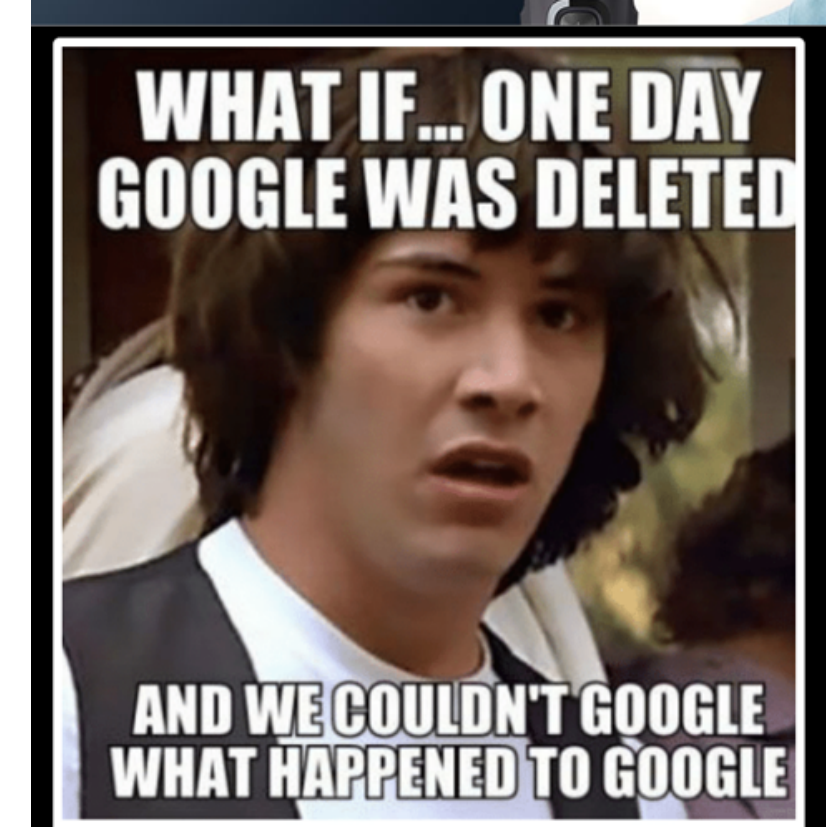
... making it more difficult for trainees to navigate ethical decision-making.

(Taylor et al., 2010)

"Friending"/ "following" clients

Knox et al. (2020): Qualitative study to understand how therapists navigate "friend" requests and other interactions with clients.

"Googling" clients



In self-report surveys, 39% (Eichenberg et al., 2016) to 48% (Kolmes & Taube, 2010) of therapists report looking online for additional client information.

Among doctoral psychology trainees (n = 854): 98% reported doing so at least once in the prior year (DiLilo & Gale, 2011).



**Posting
"anonymously"
about clients**

Personal vs professional behaviour

Among psychology graduate students (n = 302)

- 3% posted info they would not want peers to see; 3% photos.
- 11% posted info they would not want faculty to see; 13% photos.
- 37% posted info they would not want clients to see; 29% photos.

(Lehavot et al., 2010)

Among psychotherapy clients (n = 332):

- 70% reported finding personal information about their therapist on the internet.
- In that group, 87% found it intentionally ...
- ... and most (67%) returned to check for updates.

(Kolmes & Taub, 2011)

Type of information found:

- Family 61%
- Age/birthdate 55%
- Education 51%
- Home address 46%
- Photos 45%
- Hobbies/interests 37%
- Dating relationships 31.5%
- Friend 21.6%
- Living situation 20.3%

(Kolmes & Taub, 2011)

Foundational Ethical Principles

Autonomy

Respect for the right of the individual to make choices about self-determination, and to have freedom from the control of others

Nonmaleficence

Duty to do no harm

Beneficence

Duty to do good

Fidelity

Duty to keep one's promises

Justice

Duty to act fairly

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CPA Code of Ethics (CPA, 2017)

Respect for the Dignity of Persons and Peoples

- General respect
- General rights
- Non-discrimination
- Fair treatment/due process
- Informed consent
- Freedom of consent
- Protections for vulnerable individuals and groups
- Privacy
- Confidentiality
- Extended responsibility

Responsible Caring

- General caring
- Competence and self-knowledge
- Risk/benefit analysis
- Maximize benefit
- Minimize harm
- Offset/correct harm
- Care of animals
- Extended responsibility

Integrity in Relationships

- Accuracy/honesty
- Objectivity/lack of bias
- Straightforwardness/openness
- Avoidance of incomplete disclosure and deception
- Avoidance of conflict of interest
- Reliance on the discipline
- Extended responsibility

Responsibility to Society

- Development of knowledge
- Beneficial activities
- Respect for society
- Development of society
- Extended responsibility

Break-Out Groups



Group 1



You have just finished the first session with a new therapy client who is struggling with chronic low mood and loneliness. Later that night you notice a new “friend” request from your client.

What ethical/professional issues are involved in this scenario? What do you think you would do?

"Friending"/"following" clients

Boundaries and multiple relationships

- Online connecting has unknown and uncertain expectations ...
- ... that may be incompatible with the therapeutic relationship.
- Bidirectional sharing of information

(Knox et al., 2020)

Privacy and confidentiality

Confidentiality was the most common concern about social media use, endorsed by regulators (ASPPB, 2020b)

Nonmaleficence and fidelity

Impact on the client? On the therapeutic relationship?

Group 2

You are working on an assessment with a youth, and when reviewing your clinical notes, you realize that you have a basic overview of the presenting concerns, but few details. You are considering reading the client's blog to further understand the client and their personal and social contexts.

What ethical/professional issues are involved in this scenario? What do you think you would do?



"Googling" clients

Fidelity

Searching for client information without informed consent has the potential to harm the therapeutic relationship (Lehavot et al., 2010)

Privacy and confidentiality

Although the information may be "public", the client may have felt it was private, and may feel it was a violation if not informed in advance (Lehavot et al., 2010)

Nonmaleficence

Undermines trust in the therapeutic relationship (Kaslow et al., 2011)

Accuracy, reliability, & sufficiency of online information (Kolmes & Taub, 2014)

Group 3

Some healthcare professionals post “anonymous” client stories on social media to educate/teach, advocate, or to simply share about their day. Sometimes the note “shared with client consent” is included, and sometimes not.

What ethical/professional issues are involved in this scenario? Would you consider doing this?





Group 4

A psychologist posts on Facebook to their friends that they have had a bad day, that they are working with a client who left five voicemails this week, and that they are feeling like they aren't making progress with the client.*

What ethical/professional issues are involved in this scenario? If you were the psychologist, what would you do similarly/differently?

*scenario adapted from ASPPB, 2020a

Posting "anonymously" about clients

Fidelity

Informed consent, unforeseen consequences, and the ability to rescind consent.

Privacy and confidentiality

- Client's rights to privacy and confidentiality are violated (Leiker, 2011).
- The information may be recognizable enough for the client to be identified (Kolmes, 2014).

Nonmaleficence

Client's trust and dignity may be jeopardized, if followers read and comment for entertainment purposes (Kolmes, 2014).

Group 5

A psychologist's friend tags drunk bachelorette party pictures of the psychologist on Facebook.*

What ethical/professional issues are involved in this scenario? As the psychologist what do you think you would do?

*scenario adapted from ASPPB, 2020a



Personal/professional behaviour

CPA Code

“This Code is intended to guide and regulate only those activities a psychologist engages in by virtue of being a psychologist. There is no intention to guide or regulate a psychologist’s activities outside of this context. Personal behaviour becomes a concern of the discipline only if it is of such a nature that it undermines public trust in the discipline as a whole or if it raises questions about the psychologist’s ability to carry out appropriately his/her responsibilities as a psychologist.” (CPA, 2017, p. 7)

ASPPB statement

... it becomes a regulatory issue when personal social media use intersects with a professional’s practice (e.g., “friending” clients). With the increasing complexity and number of social media platforms available for communication, it is anticipated that there will increasingly be a blurring of boundaries between professional and personal social media use, and regulators will be called upon to address this.” (ASPPB, 2020b)

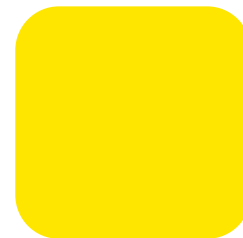
Online self-disclosure



3 forms of self-disclosure:

- Deliberate
- Unavoidable
- Accidental

(Zur et al., 2009)



Accidental self-disclosure is the new norm

No longer possible to have deliberate self-disclosure
(Taylor et al., 2010)



A digital footprint makes responding to self-disclosure a challenge

How can a psychologist respond to self-disclosure, if they are not even aware it happened? (Baier, 2018)



Common Recommendations



Sources of Help

Canadian Code of Ethics for Psychologists (2017) →

CPA Draft Ethical Guidelines for Psychologists Providing Psychological Services via Electronic Media (2006)

ASPPB Guidelines for the Use of Social Media by Psychologists in Practice and by Psychology Regulatory Bodies (2020)

Canadian Counselling and Psychotherapy Association Guidelines for Uses of Technology in Counselling and Psychotherapy (2019)

Regulatory bodies –many have telepsychology guidelines which reference social media



Overall Expectations

"As with any technique or approach, psychologists who use social media have a responsibility to act ethically, to ensure professional competence, to protect the publics they serve, and to uphold the values of the profession"

(ASPPB, 2020b, p. 13).



Maintain professional boundaries ... including online boundaries

Avoid "friending"/"following" clients to prevent the creation of multiple relationships and boundary violations.

"Psychologists are responsible for connections they initiate through social media and for knowing whether or not these connections constitute multiple relationships. If the connection might constitute a multiple relationship, the psychologist considers whether the relationship could be potentially harmful." (ASPPB, 2020a, pg. 4)



Maintain professional boundaries ... including online boundaries

Keep separate professional and personal accounts.

"Psychologists attempt to minimize the risk of problematic multiple relationships by keeping their personal and professional social media presences separate." (ASPPB, 2020a, pg. 4)



Respect client privacy

- **Obtain informed consent for online searches.**
- **Consider your motives for conducting online searches (Clinton et al., 2010).**
- **Consider how you will use/act on the information obtained, and how you will document it (Barnett, 2009).**
- **Search clients only if you believe they are at risk of harming themselves or others, and only if this info cannot be obtained in any other way (Clinton et al., 2010; Kolmes, 2010).**

"Psychologists must be respectful of client privacy. Therefore, it is important that psychologists exercise caution and consider the appropriateness of searching social media sites for client information without the client's permission and their informed consent." (ASPPB, 2020a, p. 2)



Respect client privacy

Six questions for healthcare professionals to consider before an Internet search: (Clinton et al., 2010)

- Why do I want to conduct this search?
- Would my search advance or compromise treatment?
- Should I obtain informed consent from the patient?
- Should I share the search results with the patient?
- Should I document the search findings in the health-care record?
- How do I monitor my motivations and the ongoing risk– benefit profile of searching?



Maintain confidentiality

It is easy to post information that violates client confidentiality and privacy – inadvertent or “accidental” sharing.

“In general, psychologists are required to maintain the confidentiality of client protected information. There may be justifiable exceptions to the rule of confidentiality.” (ASPPB, 2020a, p. 2)



Debrief (whenever possible) with clients

Boundary crossings and cognitive errors (Pope & Keith-Spiegel; 2008):

- Error 1: What happens outside the psychotherapy session has nothing to do with the therapy.
- Error 2: Crossing a boundary with a therapy client has the same meaning as doing the same thing with someone who is not a client.
- Error 3: Our understanding of a boundary crossing is also the client's understanding of the boundary crossing.
- Error 4: A boundary crossing that is therapeutic for one client also will be therapeutic for another client.
- Error 5: A boundary crossing is a static, isolated event.
- Error 6: If we ourselves do not see any self-interest, problems, conflicts of interest, unintended consequences, major risks, or potential downsides to crossing a particular boundary, then there aren't any.
- Error 7: Self-disclosure is, per se, always therapeutic because it shows authenticity, transparency, and trust.



Debrief (whenever possible) with clients

If you receive a "friend"/"follow" request:

- Address it at the next session, discuss the client's motivations behind sending it as well as your response to it.
- Consider whether the request has relevance to treatment; if so, address it as such in therapy (Barnett, 2008; Lehavot et al., 2010).
- Document it.



Assume you have been Googled

Assume clients have searched for information about you, but will likely not disclose it (Knox et al., 2020).

Normalize such searches, and be open to relevant discussion (Kolmes & Taube, 2016).

E.g., “Just as we may run into one another outside of my office, you may run across me or my postings on the Internet. If you see anything and wish to talk about it, you are always welcome to bring it up during our sessions.” (Kolmes & Taube, 2016, p. 152)

E.g., “If you’ve sought information about me online, do you have any questions or concerns that we should address?” (Knox et al., , 2020, p. 272)



Document social media contact

Document in the clinical chart – as you would other boundary crossings.

"Psychologists accurately represent and document the work performed via social media, and maintain records of their professional social media communications, including maintaining all emails and texts with clients for durations consistent with their jurisdiction's requirements."
(ASPPB, 2020a, p. 4).



Develop and discuss a social media policy

Develop and discuss a social media policy with clients at the outset (Barnett, 2009).

"Psychologists develop social media use policies that address such issues as informed consent, privacy, and how and if social media will be used in their work." (ASPPB, 2020a, p. 2).



Develop and discuss a social media policy

Example of a "friending"/"following" policy:

"I do not accept friend requests from current or former clients. This is especially true on Facebook, Twitter, and all other social networking sites. My reasons for this are that I believe that adding clients as friends on these websites can compromise confidentiality and blur the boundaries of our working relationship. If you have questions about this, please feel free to bring them up when we meet and I will be happy to talk more about it." (from Pham, 2017)



Develop and discuss a social media policy

Example of a web search policy:

“It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.” (from Kolmes, 2010)



Develop and discuss a social media policy

Other examples:

- **Kolmes, K. (2010). Social media policy. Accessed from <http://drkkolmes.com/for-clinicians/social-media-policy/>**
- **Appendix D in ASPPB guidelines**

Break-Out Groups

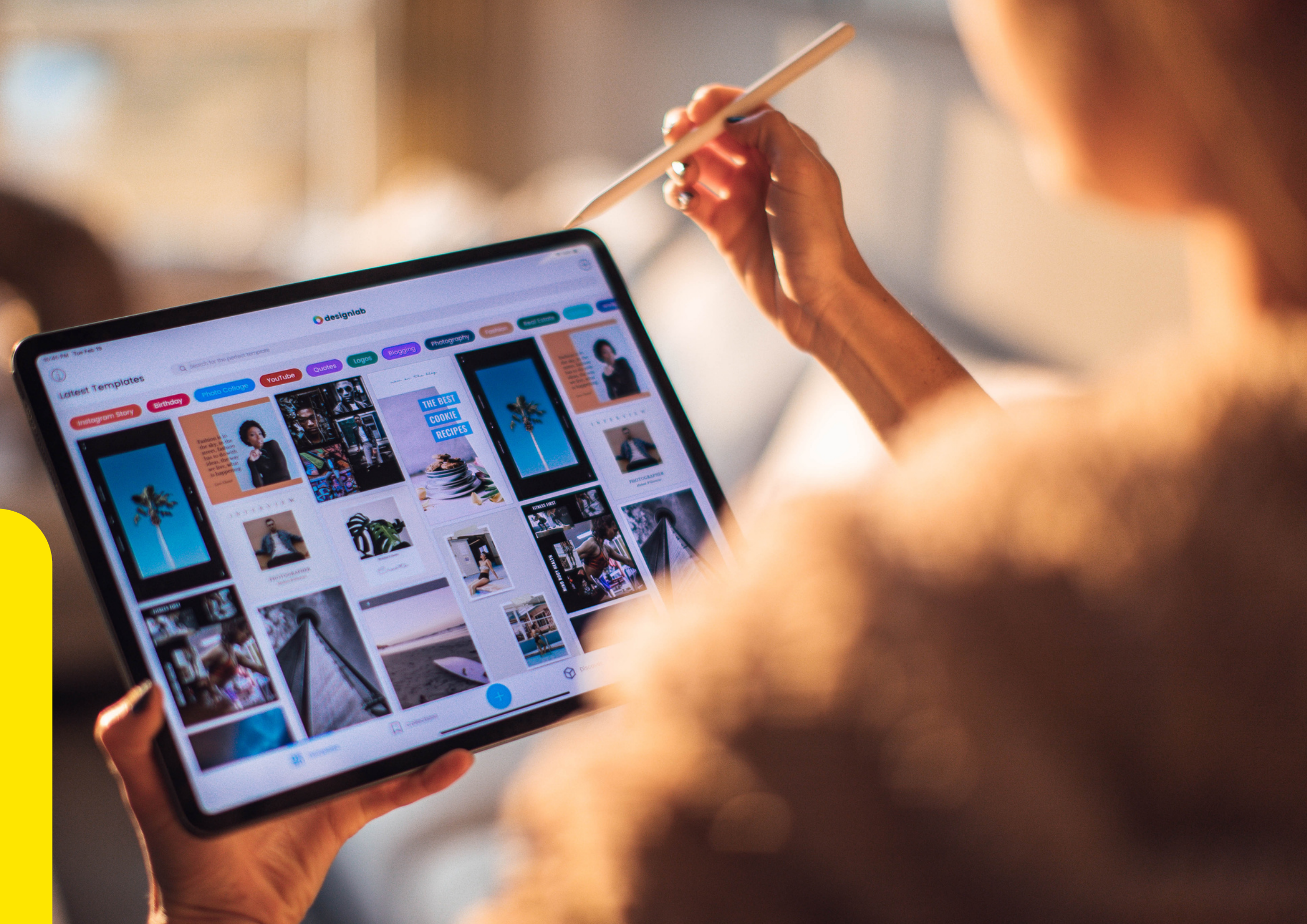
Social Media Policy:

- (1) What do you already include (if anything), and
- (2) What would you like to include? (next steps)



“As a result of the far-ranging effects of the Internet, ... the profession’s view of personal and professional as distinct or separate entities will need to be reconsidered.”

(Lehavot et al., 2010, p. 161)



Know your platform(s)



"Psychologists understand the privacy settings on every application that is used by them in their practice." (ASPPB, 2020a, p. 3)

"Psychologists maintain current knowledge and skills pertaining to the social media technologies they are using." (ASPPB, 2020a, p. 4)

"Psychologists ensure that they have a full understanding of the risks the use of technology presents to the security and confidentiality of client personal health information."
(ASPPB, 2020a, p. 4)



Use privacy filters

- **Use the maximal privacy settings possible, and check them regularly (Tutleman et al., 2018).**
- **Restrict identifying information that allows clients to easily locate you.**
- **Consider using a pseudonym (Tutleman et al., 2018).**
- **Make thoughtful decisions about who is included on your list of “friends” and thus who has access to your personal information (Barnett, 2008)**

"Psychologists who use social networking sites need to be familiar with, and utilize all available privacy settings to reduce risks to confidentiality." (ASPPB, 2020a, p. 2)



Post cautiously

- **Carefully consider the nature of the information you include on your site, and think of the impact that information may have upon your professional career, or upon the profession, if viewed by those outside your personal network (Lehavot et al., 2010).**
- **Assume online forums are public, even if they say “closed” and “private” (Wissinger & Stiegler, 2019)**
- **Keep in mind that online postings may be available to numerous individuals, and cannot be “taken back” once posted (Barnett, 2008).**

"Psychologists are mindful that any social media post or communication may be forwarded to other recipients." (ASPPB, 2020a, p. 3)



Post cautiously

Ask the following questions before posting personal information (Lehavot, 2007):

- What are the costs and benefits of posting the information?
- Is there a high probability that clients will be significantly and negatively affected?
- How will the disclosure affect my relationship with my clients?
- Does the disclosure threaten my credibility or undermine the public's trust in the field of psychology?



Monitor your online presence

“Peer consultation, documentation, and thoughtfulness may be the best methods psychologists have to protect themselves” (Taylor et al., 2010, p. 158).



Communicate clearly and accurately

"Psychologists accurately represent themselves in all social media communications." (ASPPB, 2020a, p. 3)

"Psychologists seek to correct any misinformation regarding their social media presence." (ASPPB, 2020a, p. 3)

"Psychologists clarify on their social media sites the jurisdiction(s) where they are licensed to practice, so that it is clear that the intent is not to practice outside of the license scope." (ASPPB, 2020a, p. 3)

"Psychologists avoid conflicts of interest regarding personal, financial, social, organizational, or political opinions when they use social media in a professional capacity." (ASPPB, 2020a, p. 4)

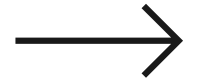


Know and respect your school/workplace rules

Many universities and institutions have social media policies in place (Campbell et al., 2016; Tutleman et al., 2018).

- E.g., no statements on behalf of the organization
- E.g., no discussion of clients, coworkers, management

Posting about one's work life, even if indirect or vague, can negatively impact one's employment (ASPPB, 2020b).



Online professionalism

"When using social media within a professional context, psychologists consider the words used and the impact their communications might have on the public's confidence in the profession." (ASPPB, 2020a, p. 4)

"Psychologists are respectful in what they communicate and in how they communicate when using social media in their professional work." (ASPPB, 2020a, p. 4)

"Psychologists are respectful of professional boundaries, culture, and preferences when using social media." (ASPPB, 2020a, p. 4)

Consult



Key takeaways:

- Understand key ethical challenges
- Consider professional and personal online behaviour
- Review common recommendations



Recommended Readings

- Association of State and Provincial Psychology Boards (2020a). Guidelines for the use of social media by psychologists in practice and by psychology regulatory bodies. Retrieved at https://cdn.ymaws.com/www.asppb.net/resource/resmgr/guidelines/final_oct_9-2020_guidelines_.pdf
- Association of State and Provincial Psychology Boards (2020b). White paper on guidelines for the use of social media by psychologists in practice and by psychology regulatory bodies. Retrieved at https://cdn.ymaws.com/www.asppb.net/resource/resmgr/guidelines/11.20.2020_white_paper_on_gu.pdf
- Barnett, J. E. (2008). Online “sharing” demands caution. *The National Psychologist*, 17, 10–11.
- Knox, S., Connelly, J., Rochlen, A. B., Clinton, M., Butler, M., & Lineback, S. (2020). How therapists navigate Facebook with clients. *Training and Education in Professional Psychology*, 14(4), 265–276. <https://doi.org/10.1037/tep0000267>

Recommended Readings

- Kolmes, K. (2010). My private practice social media policy. Retrieved from <http://www.drkkolmes.com/docs/socmed.pdf>
- Kolmes, K., & Taube, D. O. (2014). Seeking and finding our clients on the Internet: Boundary considerations in cyberspace. *Professional Psychology: Research and Practice*, 45, 3–10. <http://dx.doi.org/10.1037/a0029958>
- Kolmes, K., & Taube, D. O. (2016). Client discovery of psychotherapist personal information online. *Professional Psychology: Research and Practice*, 47, 147–154. <http://dx.doi.org/10.1037/pro0000065>

Recommended Readings

- Lehavot, K., Barnett, J., & Powers, D. (2010). Psychotherapy, professional relationships, and ethical considerations in the MySpace generation. *Professional Psychology: Research and Practice*, 41, 160–166.
- Pham, A. (2014). Navigating social networking and social media in school psychology: Ethical and professional considerations in training programs. *Psychology in the Schools*, 51, 767–778.
<http://dx.doi.org/10.1002/pits.21774>
- Pirelli, G., Otto, R. K., & Estoup, A. (2016). Using internet and social media data as collateral sources of information in forensic evaluations. *Professional Psychology: Research and Practice*, 47, 12–17.
- Taylor, L., McMinn, M. R., Bufford, R. K., & Chang, K. B. (2010). Psychologists' attitudes and ethical concerns regarding the use of social networking web sites. *Professional Psychology: Research and Practice*, 41, 153–159. <http://dx.doi.org/10.1037/a0017996>

Recommended Readings

- Online searches in the forensic context:
 - Pirelli, G., Otto, R. K., & Estoup, A. (2016). Using internet and social media data as collateral sources of information in forensic evaluations. *Professional Psychology: Research and Practice*, 47, 12–17.
- Commentary on professionalism tensions (in medicine):
 - Cunningham, A. (2014). Social media and medical professionalism. *Medical Education*, 48, 110–112. <https://doi.org/10.1111/medu.12404>