Don’t get caught in the web: Avoiding sticky ethical issues on the Internet

By Keely Kolmes, Psy.D.

As more psychologists use email, establish a web presence, and participate on social networking sites for personal and professional activities, they will find themselves facing ethical issues that were once only experienced off of the Internet. As Stephen Behnke acknowledges in a recent interview (Martin, 2010), the ethical dilemmas many of us are facing on the Internet today are not new challenges. They are simply contemporary variations on issues many of us were previously accustomed to managing offline. This article outlines the more salient aspects of the Ethics Code as it relates to our electronic lives.

Confidentiality

Confidentiality is our primary duty to clients. Potential loopholes in protecting client confidentiality arise when we allow clients to visibly connect to us as friends, contacts, or followers on sites like Facebook, LinkedIn, or Twitter. When we create these links between our clients and ourselves on such sites, this positions us as a social hub, enabling our contacts to make connections with one another. Anyone browsing our friend lists may see our clients’ names and these individuals may also choose to initiate contact with our clients or ask them about their relationship to us.

Another confidentiality risk is when we exchange messages on social networking sites. These messages may be delivered via text message or email and they are typically archived on the sites themselves. These are not secure messaging systems and we cannot ensure the privacy of such messages. In addition, if clients are sending us messages on social networking sites, these exchanges become a part of the legal record and may need to be documented in the clinical chart.

Multiple relationships

One of our duties as psychologists is to avoid multiple roles when they hold a risk of impairing our own objectivity or when they could lead to the exploitation of a client (APA, 2010). If we add clients as friends or contacts on sites, we may be entering into multiple roles with them. Some clients may not be clear on the difference between a professional clinical relationship and a friendship on Facebook. Others may feel that we are an appropriate person to connect with on job networking sites such as LinkedIn.

Remember that when we accept connections on social networking sites, we are building a network and allowing our contacts the ability to interact with one another. Sites like LinkedIn encourage our contacts to reach out to one another to build business relationships. In most cases, this type of
business networking relationship is outside of the realm of our clinical work.

It is good to consider not only the impact of declining a client’s request to follow us on sites, but to also consider the impact of saying yes and whether this invites us to step into a problematic dual role. Might our client expect us to make business introductions to someone else in our network? Will they ask us to write a job recommendation? How might this impact the clinical work we are doing?

Informed Consent

Clients have a right to know our office policies and procedures and we are expected to make these explicit to clients as early in treatment as is feasible. It is during this time that we share information about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality (APA, 2002). Some clinicians are introducing new procedures into their work such as using Internet search engines to seek information about clients as part of the initial assessment, or during times of crisis. Other psychologists are beginning to engage with clients via email or text messages.

When we adopt new uses of technology or change our policies, we should notify clients of these changes and discuss their impact on our work. Clients should also be informed about the potential risks that new practices entail. For example, clinicians may wish to include a statement about the privacy limitations of email exchanges or whether they choose to limit email messages to non-clinical discussions such as scheduling changes. Clinicians who use Google searches to obtain client information should discuss this practice with their clients rather than doing it without their knowledge or consent.

Soliciting Testimonials

Our Ethics Code states that “Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence” (APA, 2002). This is challenging to many professionals on the Internet since many consumer review sites are now automatically feeding our business listings into the sites. This may give some clients the false impression that we have placed ourselves on these sites hoping to get a review.
While simply having a listing on a site is not the same thing as asking a client to provide a testimonial, this is a new risk that some clinicians may wish to address. One way to do this is by providing a brief statement about this in office policies, on your website, or on your business listing on these sites. While some psychotherapists worry about receiving negative reviews, many psychotherapists also worry about clients leaving positive reviews, since any review may compromise confidentiality and open the door for others to write reviews.

Conclusion

Having an Internet life can be an enriching personal and professional experience for many of us. However, the Internet is also turning our networks into small communities. This cultural evolution is making it more common for us to experience the ethical dilemmas that were once considered the domain of psychotherapists practicing in rural communities. Those hoping to take preemptive action against some of these predicaments may consider adding statements to their office policies or creating social media policies (Kolmes, 2010) to help formulate your own approaches to social media and to communicate these approaches to your clients.

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References

