

Digital and Social Media for Psychologists: Current Issues and Ethical Dilemmas

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EDITOR'S NOTE: Dr. Kolmes is presenting a Preconvention Advanced Level Institute for the CPA 2014 convention. Her presentation, *Digital and Social Media Ethics for Psychologists*, will be Thursday, April 10 from 8:00 a.m. to noon.

What happens when your client who sees you to discuss her enmeshed relationship with her mother comes in and tells you that her mother has just become a fan of your psychotherapy practice page on Facebook?

What do you do when you are supervising a group of interns and you discover that some of them regularly Google their patients and include their findings in the clinical charts, but your agency doesn't have a policy or any informed consent language to make clients aware that this is being done?

How do you manage it when a terminated patient repeatedly asks you to become a LinkedIn contact, and you finally accept the request. The following week, one of your other LinkedIn contacts, a lawyer like your former patient, sends an introduction request so that she can interview for a position at your former patient's firm.

Psychologists, whether they are in independent practice, working in an agency setting, or are teaching and supervising, are struggling more and more with issues related to their own, their trainees', and their clients' online access and availability. Zur and Donner (2009) wrote about the accessibility of online information. They compared unintentional vs. intentional disclosures clinicians may make during the psychotherapy hour and then compared these with the *unintentional* disclosures that psychotherapists might make available on the Internet when clients seek information about providers. They noted that the motivations could range from mild curiosity to criminal stalking, and they encouraged clinicians to maintain awareness of what information is made available about them. Since the publication of their article, there have been a number of studies focusing on the online search behavior of psychotherapists and trainees.

Lal and Asay (cited in Martin, 2010) reported that 22% of 193 surveyed graduate students had Googled their clients. Lehavot, Barnett, & Powers (2010) surveyed 302 clinical psychology graduate students and found that 27% had sought information about their clients online. Studies published just a couple of years later indicate that the numbers may be increasing and at a higher rate for newer clinicians entering the field. Jent et al. (2011) surveyed 109 behavioral health and medical providers and trainees. Of the trainees in their survey, 18% had done Internet searches on clients, while no faculty reported engaging in such searches. DeLillo and Gale (2011) found that 98% of 854 doctoral psychology students had Googled their patients despite holding the belief that this behavior was unacceptable. Kolmes and Taube (2013) surveyed 227 multidisciplinary mental health professionals, and 28% reported accidental discovery of client information on the Internet and 48% reported intentional seeking of client information online. Accidental discovery included clients showing up as suggested friends or contacts on social media sites, seeing current clients as contacts or friends of their own friends, or having clients show up in Google results when looking for a service provider such as an accountant, lawyer, or other business

provider. Meanwhile, several authors, including Barnett (2009) and Kaslow, et al. (2011) have noted that such searches can be considered intrusive and a violation of a client's trust.

The most recent Pew Internet study on health consumers notes that 72% of Internet users report having looked on the Internet for health information in the past year (Fox, 2013). This author and her colleague have also completed research on what psychotherapy clients have discovered about their mental health providers online and how it affects these clients' ideas about treatment and their psychotherapy provider (Kolmes & Taube, in preparation). In our research of 332 psychotherapy clients, 70% reported finding personal information about their psychotherapist online, with only 28% bringing these findings back to their clinician. Another 92% reported finding professional information about their psychotherapist online (Kolmes & Taube, 2011). Participants also noted how these findings – including the discovery of online reviews on sites such as Yelp – influenced their feelings about their treatment. The most common sites for overlap included Google, Facebook, and LinkedIn.

The demonstrated easy access to information and social media profiles means that we have to think critically about how to apply our existing Ethics Code (APA, 2010) to our online activities. Behnke has noted that while our Ethics Code clearly demarcates a distinction between our professional and personal activities, the Internet has sufficiently blurred the boundaries between the two (2008).

We also must remain aware that some of our psychotherapy patients may be students or trainees who also share professional online spaces with us such as state or APA Division listservs. In addition, we may be sharing professional listserv spaces with people who happen to be friends or family members of those who seek our care, either through direct referral or happenstance. Our Ethics Code says that when we consult with others, we limit the information shared to only that which is essential for the purpose of the consultation, and only with those clearly concerned with treatment. Yet these boundaries are frequently crossed on professional listservs (Behnke, 2007) and may be seen by our own clients or those who know them. Meanwhile, many of us inhabit non-professional online groups in our social lives that may be confined to hobbies or special interests. We may feel insulated on such lists, but we can be surprised to learn that our patients also share these spaces, or we may remain unaware that our patients share a list and are choosing not to tell us.

The Thursday, April 10th Institute on digital and social media ethics will cover a more detailed summary of the research that has currently been done regarding interactions between clinicians and clients online. It will also highlight the many ethical issues to con-


sider regarding our online activities. Some of the issues covered will include:

- Popular social media sites such as Facebook, LinkedIn, Twitter, Google+, Foursquare, and Places and some tips for helping keep the distinction between personal and professional on these sites;

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- Potential threats to patient **confidentiality** (Ethics Code Standard 4.01 Maintaining Confidentiality & Standard 4.04 Minimizing Intrusions on Privacy), including how “friending” patients may slowly erode the confidential relationship, and how the security of messages exchanged on non-secure sites may affect **documentation** (Ethics Code Standard 3.01 Documentation of Professional and Scientific Work and Maintenance of Records) when these messages become part of the client's legal record;
- The potential establishment of **multiple relationships** (Eth-

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ics Code Standard 3.05 Multiple Relationships) when we add clients or terminated clients on sites such as LinkedIn. In addition, we will discuss multiple roles we may not even be aware of – including clinical situations that come up if a client’s family members, friends, or romantic partner(s) follow our professional profiles on social media sites;

- Issues related to **Informed Consent** (Ethics Code Standard 10.1 Informed Consent to Therapy) which includes how we communicate to clients the nature, course of treatment, our fees and our procedures which reasonably includes whether we collect information about them that is available to us on the Internet. In other words, to Google, or not to Google?, and how to convey this to a potential client in a way that does not compromise our trust and integrity with clients;
- The challenge of online review sites including our ethical mandate not to **solicit testimonials** (Ethics Code Standard 5.05 Testimonials) from current patients or others who are vulnerable to undue influence due to their circumstances. This section will also address how clinicians struggle when receiving negative online reviews and what options are available to them, along with how the courts have been ruling when doctors have attempted to sue over bad reviews;
- A review of APA ethical guidelines for **consultation** (Ethics Code Standard 4.06 Consultations) and seeking referrals when we share information about clients on professional listservs;
- A review of **media ethics** (Ethics Code Standard 5.04 Media Presentations) when we use social media marketing to identify ourselves as the “go to” person for psychoeducation. We must understand the limitations of what we can and cannot ethically share with the media;
- How to ethically use outcome data in **marketing** our practices online;
- Lastly, how to create a **social media policy** for your own practice, agency, or institution, to address common questions that psychotherapy patients and trainees and students may have.

Social media policies are becoming a common way for clinicians, institutions, and graduate programs to communicate

to potential patients and incoming students how clinicians and professors will conduct themselves professionally on the Internet, including whether social online relationships will be formed with non-peer colleagues, and whether social media information will be used to inform treatment or professional development decisions. My own social media policy is available to any clinician who wishes to copy, modify, or adapt it for their own practice at: <http://drkkolmes.com/for-clinicians/social-media-policy/>.

This training is appropriate not only for those who are actively using social media as a marketing tool, but will also be relevant for clinicians who only use the Internet for email with colleagues. It will also be useful for supervisors, trainees, and those involved in the education of future psychologists. We will review the ethical standards, discuss clinical vignettes, and do an exercise in which attendees create a draft of their own social media policy.

I hope to see many of you there for an exciting few hours of learning and discussion! ■

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