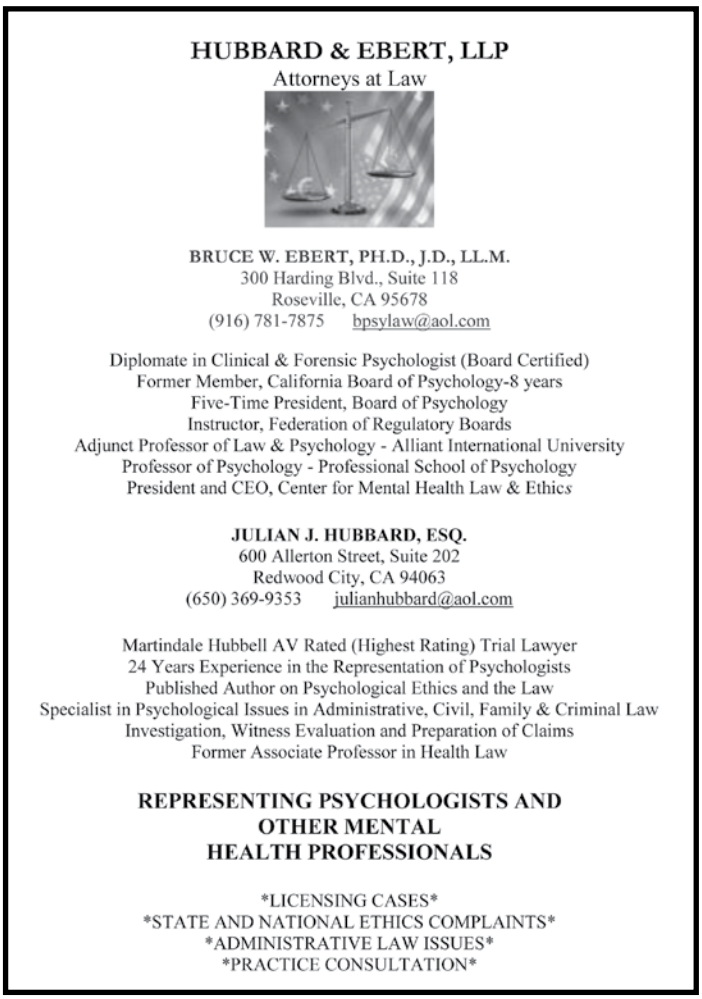
Creating a Social Media Policy for Your Practice

Keely Kolmes, PsyD

As mental health professionals and clients increase their visibility on social networking sites, this creates a greater likelihood of extratherapeutic contact on the Internet. Those sharing cultural affiliations related to ethnicity, sexual orientation, religion, disability status, or other characteristics may experience even greater social overlap online. Some clinicians report uncertainty about how to respond to online encounters, and they seek consultation on how to manage them (Kolmes & Taube, 2010). Barnett (2009) has addressed the potential for psychologists to seek client information on the Internet and suggests that those who intentionally access this data should outline such practices as part of informed consent.



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> If you engage with clients in [social media] you should be aware that these interactions become a part of the legal record and may need to be documented.

We provide detailed information to clients describing cancellation policies, fees, confidentiality, and other important information. Few therapists have created formal policies regarding social media and clinical care. I have created such a policy (Kolmes, 2010) to articulate my own approach and help my clients understand how they can expect me to conduct myself as a mental health professional on the Internet. In this article, I describe some of the categories psychologists should consider including when creating their own social media policies.

Email

It is wise to outline whether and under what circumstances you are willing to exchange electronic messages with clients. If you print out messages and keep them in the chart, let your clients know this. It is also good to remind clients that email messages are legally discoverable. Clients should be informed of the potential risks of exchanging non-secure email so that they can make informed choices.

Friend Requests

Accepting friend, follower, or contact requests from clients on various sites brings up issues of confidentiality and dual relationships. If you are exchanging email with clients, you may show up as a recommended "friend" to them on some sites. Some prefer a case-by-case evaluation of each friend request, weighing specific treatment issues. Others refuse all requests. Whatever your approach, you should consider addressing it in your policy.

Access & Interactions

Give thought to whether you are willing to view clients' blogs or Internet postings out-of-session, at their request, or whether you would only view such materials in-session and with your client present. If you maintain your own professional blog or create any online content in connection with your practice, it may be worth briefly

noting this in office forms and creating space for clients to acknowledge any impact it may have on them.

Therapists who have a presence on various sites should clearly explain their policies and rationale for their policies in regard to interactions on such sites via blog comments, direct messaging, @ replies, and Wall postings. If you engage with clients in these ways, you should be aware that these interactions become a part of the legal record and may need to be documented. Clients should be made aware of this, as well as how communication on these sites can breach confidentiality.

Search Engines & Seeking Client Information

Some clinicians use search engines to obtain client information. It is crucial for your social media policy to outline any circumstances under which you ever do this or if it is a practice you do not engage in. Be aware that information obtained in this way may not be accurate. Clinicians who use search engines to acquire information on clients should consider documenting such searches in the chart as they would document any third-party collateral contact and should carefully consider whether it's in service to clinical care or out of personal curiosity.

Business Review Sites & Testimonials

Sites like Yelp and Healthgrades comb search engines for business listings and automatically add listings of therapy practices. These sites encourage clients to rate our services. Our Ethics Code states that we do not solicit testimonials (APA, 2002). You may wish to comment on this in your social media policy, if your practice shows up on these sites – particularly if your presence on such a site is not intentional.

Conclusion

When creating your social media policy, providing explanations for your choices will help your clients to understand your reasoning. For those who wish to view a sample social media policy, I invite clinicians to view mine. (See reference below.) It is copyrighted under a license to allow for adaptation to suit your own practice needs.

References

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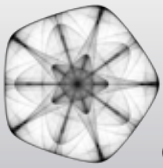

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