

Client Discovery of Psychotherapist Personal Information Online

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Abstract

Psychotherapists are becoming more concerned about their personal information being accessible on the Internet. Professional articles and ethics workshop presenters encourage clinicians to be aware of the availability and accessibility of this information; however, little is known about the phenomenon of clients searching for clinicians' personal information, or how this may impact the psychotherapy relationship. This study involved 332 psychotherapy patients who had found their clinicians' personal information, professional information, or both, in the course of their online activities. However, this paper focuses primarily on those who found personal information about their clinician, including information about the clinicians' family members. The researchers explored where clients searched, why clients felt compelled to search, and whether they revisited sites to obtain ongoing updates about clinicians. We also explored clients' reports regarding how access to this personal information affected their experience of treatment. Neutral, positive, and negative experiences are described. Recommendations are made for how psychotherapists might manage the accessibility of this information, and how they may respond in clinically sensitive ways when clients disclose online searching or discovery of clinician personal information.

Keywords: Internet, social media, psychotherapy, boundaries, in-vivo encounters

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Client Discovery of Psychotherapist Personal Information Online

The notion that privacy is rapidly declining in the Internet age (Quilici-Gonzalez, Kobayashi, Broens, & Gonzalez, 2010) has been a focus of concern for the public and psychotherapists in recent years. Worries have grown about the erosion of psychotherapist personal privacy (Lehavot, Barnett & Powers, 2010; Myers, Endres, Ruddy, & Zelikovsky, 2011; Nicholson, 2011; Taylor, McMinn, Bufford, & Chang, 2010; Tunick, Mednek & Conroy, 2011; Zur & Donner, 2009; Zur, Williams, Lehavot, & Knapp; 2009). Professionals have argued that the pervasiveness of the Internet in the daily lives of psychotherapists and clients has “blurr[ed]... the boundary between the personal and the professional” (Behnke, 2008; Zur & Donner, 2009, p. 23). They have noted that psychotherapists have lost control over the degree to which they engage in self-disclosure, as well as when and how they do so (Tunick et al., 2011). As Nicholson (2011) noted, an Internet presence makes it more difficult for psychotherapists to engage in thoughtful consideration of the potential costs and benefits of self-disclosure with a particular client. The result is an age of largely unavoidable transparency for psychotherapists (Barnett & Russo, 2009; Zur & Donner, 2009) — one that adds “a new dimension to the profession” (Zur & Donner, 2009, p. 23). These “non-deliberate self-disclosures” (Zur, 2009), are becoming more common for all psychotherapists.

Clients have a greater likelihood of coming across personal information about their psychotherapists that may be off-putting or damaging to treatment (Barnett & Russo, 2009; Woodhouse, 2012). For example, a professional who is personally involved in a political cause, may engage in online interchanges with like-minded members of her community. Typically, she would not discuss her political views or activities in treatment with her clients. But a client with

strong opposing political views might easily discover these online postings and avoid seeking care from this psychotherapist or drop out of treatment prematurely.

Professionals are also increasingly involved in online professional activities, including developing websites, using social media (e.g., Twitter, LinkedIn, and Facebook), participating in online discussions on social media and listservs, writing and commenting on professional blogs, and requesting and providing online consultations via email lists. Both personal and professional activities on the Internet have the potential to influence psychotherapy. Although there is commentary on these points (Lehavot et al., 2010; Zur & Donner, 2009), literature searches did not reveal any quantitative data specific to psychotherapy clients, including frequency of client searches or the reported effects of this information on clients' experiences of psychotherapy.

Anecdotal reports suggest that psychotherapist personal information is widely available (Barnett & Russo, 2009; Vartabedian, Amos, & Baruch, 2011; Zur, 2009). When we conduct workshops on ethics and digital issues, we have asked professional participants to search the Internet for their own information. Many have been surprised or distressed by the range of personal, sensitive data that can be found on People Finder sites. A few structured studies have been conducted regarding professionals' personal information on the Internet. Lehavot et al. (2010) found that over two thirds of the 302 graduate psychology students they surveyed used their real names on social media sites, and over a third had information on these sites that they would prefer clients not see. McDonald, Sohn, and Ellis (2010) searched for personal Facebook pages of 338 physicians in New Zealand who had graduated from the University of Otago. Two-thirds had social media accounts; of those, a third had not used privacy settings, and almost as many described personal plans on their social networking pages.

Zur and Donner (2009) and Zur et al. (2009) suggest that clients might engage in a range of possible searches, from merely seeking information on professional websites, to Googling psychotherapists' personal information, to surreptitiously joining psychotherapists' social networks, and — in rare instances — to hacking and engaging in illegal searches. Other commentary assumes that large numbers of clients obtain information about the private lives of psychotherapists (Nicholson, 2011; Myers et al., 2011; Taylor et al., 2010; Zur & Donner). However, data regarding the frequency and nature of client searches for personal and professional information about psychotherapists have not been available.

The very few studies that have been conducted on client online searches have not been specific to mental health professionals. The Pew Foundation's Internet and American Life surveys (Fox, 2006; 2013) found that between 72% (2013) and 80% (2006) of U.S. adults had searched the Internet to obtain general health-care related information in the past year. A number of researchers have considered the prevalence of clients searching for information about their psychotherapists (Barnett & Russo, 2009; Lehavot et al., 2010; Myers et al., 2011; Taylor et al., 2010; Zur & Donner, 2009). In a study of psychology graduate students, however, Lehavot et al. (2010) found that participants reported only 7% of their clients discussed intentionally searching for information about them on the Internet. This study, though, relied on psychotherapist reports of client searches—not direct reports by clients themselves. Specific surveys directly asking clients about whether they search for information about mental health service providers are non-existent (Zur & Donner, 2009).

Given the limited data, a number of observers have called for research to assess this phenomenon (Lehavot et al., 2010; Myers et al., 2011; Taylor et al., 2010; Zur & Donner, 2009).

We sought to respond to this call by conducting a survey of psychotherapy clients in regard to

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the extent and nature of the types of Internet searches they conducted for personal and professional information about their past and current psychotherapists. We also assessed participants' perceptions regarding the impact that finding such information had on their views of the psychotherapist and experiences of treatment.

The Survey

We conducted an online survey to explore the experiences of clients who had intentionally sought or accidentally stumbled upon their psychotherapist's personal or professional data on the Internet. Our recruitment message noted: "To be eligible for the study, you must be 18 or older, currently in psychotherapy, or have been in psychotherapy in the past, and have encountered or sought information about your therapist on the Internet." We asked clinicians and non-clinicians to post this notice on various social media sites, blogs, Twitter, Facebook, mental health support forums (websites focusing on peer support), and listservs (closed email lists created to offer support to people in psychotherapy for various issues). We also created a Facebook page to promote recruitment.

Though we recruited participants who discovered personal online information, professional online information, or both, about their psychotherapists, this paper focuses on the aspects of the study related to clients finding psychotherapists' *personal* data.¹ The survey was constructed to learn where this occurred, what led clients to conduct searches, and how the discovery of online information affected participants' beliefs about their psychotherapists and the services they received. Clients were invited to participate if they had sought mental health services at any point in their lives and if they had ever found personal information, professional

¹ Future reports will address clients seeking professional information about their psychotherapists.

information, or both, on the Internet about a psychotherapist they were currently working with or from whom they had previously sought treatment. The sample included participants who sought information to decide whether to enter or continue treatment with a given clinician.

Four hundred and eighty-eight respondents initially accessed the survey, and 349 completed it (71.5% completion rate). We then filtered responses to include only those who reported that they had found personal and professional information about their clinician online, which resulted in a total number of 332 participants. This paper focuses on questions we asked regarding personal information participants found.

Participant ages ranged from 18 to 62 years. Most (92.5%; $n = 307$) were female, heterosexual (66.9%; $n = 222$) and Caucasian (90.7%; $n = 301$). Most (75.3%; $n = 250$) did not live with a disability. Income ranged from \$0 to over \$200,000 annually. Some two-fifths (42.5%; $n = 141$) lived in a large city or a suburban area (26.8%; $n = 89$). Nearly seventy five percent (74.7%; $n = 248$) lived in the United States and 25.3% ($n = 84$) listed other countries, mostly the United Kingdom. All participants had been in psychotherapy, and 78.0% ($n = 259$) were in treatment at the time of the survey. All had accessed personal or professional information about their psychotherapist on the Internet at some time.

Procedures

The recruitment announcement informed participants that the study focused upon experiences of psychotherapy clients who had accessed personal or professional information about their clinician on the Internet. A link to a SurveyMonkey questionnaire was provided, and potential participants were brought to an informed consent page that gave detailed information about the anonymous survey. Study procedures were conducted in compliance with Alliant International University's Institutional Review Board requirements.

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Measures

The survey² consisted of 98 items, of which 31 were related to seeking personal information about psychotherapists on the Internet. It included a combination of multiple response, Likert and open-ended items. Participants were asked questions about their Internet use and the details of accessing their psychotherapist's information online. Participants' experiences and beliefs about the effects of these encounters on their views of their psychotherapists and their treatments were solicited.

Results

Frequency and method of finding personal information

Some 69.9% ($n = 232$) of our sample of 332 participants reported finding personal information about their psychotherapist on the Internet. Of that group, 86.6% ($n = 201$) sought it intentionally, and 13.4% ($n = 31$) found it unintentionally. Nearly all (97.5%; $n = 197$) participants who had intentionally sought this information used a general search engine, and over half used a specific social networking site (54.5%; $n = 110$). Only 3.0% ($n = 6$) paid for increased access to public records, and .5% ($n = 1$) hacked into an account. Most (66.8%; $n = 135$) returned to the psychotherapist's personal pages to look for updates and 52.9% ($n = 72$) did so a few times. Some 45% ($n = 61$) returned frequently, and 2.9% ($n = 4$) subscribed via Rich Site Summary or Really Simple Syndication.

Factors Related to Searching

Number of years on the Internet, type of provider (e.g., psychologist, LCSW), treatment setting (e.g., outpatient, day treatment) and treatment type (e.g., individual, couples) were not related to whether participants were more likely to search for personal information about their

² Copies are available from the first author.

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psychotherapists. There was one exception, however: participants who had received group psychotherapy were more likely to do so; $\chi^2(1, N = 232) = 4.263, p = .039$.

Those who initially located their psychotherapists via the Internet (47.9%; $n = 159$), compared to using other means, had no greater likelihood of intentionally searching for clinician's personal information; $\chi^2(1, N = 232) = .039, p = .844$. Participants who made initial contact via the Internet, as compared to those who contacted their clinicians via non-Internet-based means (e.g., telephone; 72.9%; $n = 242$), were also no more likely to search for personal information about their psychotherapists ($\chi^2(1, N = 232) = .000, p = .985$).

Nature of the Personal Information Discovered

Table 1 indicates the types of personal information found by participants. Psychotherapist family information was the most common (60.8%; $n = 141$). As one participant stated: "I was obsessed with trying to find out as much information as possible about my therapist and all members of her extended family...Because her college-aged kids were such prolific Internet posters, I felt like I got to know the entire family very well." For some, such information influenced what clients felt they could share in treatment: "I learned that her husband had been drunk driving and was in a serious accident and coma. The fact that it was drunk driving made me reluctant to share certain personal aspects of my life."

Reasons for Searching: Blank Slate No More

Participants described the reasons for seeking online information about their clinicians, as well as the nature of the information they sought (as opposed to what they actually found, as described above). The most frequently referenced reason was curiosity (81.2%; $n = 164$; see Table 2), followed by wanting to know whether the psychotherapist had a web presence (44.6%;

$n = 90$). A substantial minority (39.1%; $n = 79$) sought information because the clinical relationship seemed one-sided.

When asked why this information had been important to seek, 18.3% ($n = 37$) said it helped them to know whether they wanted to *initially* meet with the psychotherapist, 24.3% ($n = 49$) believed the information helped them to know if the psychotherapist was someone they wanted to continue seeing, and 11.4% ($n = 23$) said their psychotherapist would not answer personal questions the participant had asked. Of the 37.1% ($n = 75$) who selected “Other” in response to this question, almost one third ($n = 23$) noted a desire to feel closer, more connected or comforted by viewing the online information. For example, one noted it “helped me to hold on to a sense of her between sessions.” It is notable that in response to a separate question about how participants located a psychotherapist to work with, 42% of this sample found their psychotherapist through an Internet search (as opposed to a referral from a friend or medical provider).

Revealing Search Behavior to the Psychotherapist

Only 27.6% ($n = 64$) of participants who sought personal information told their psychotherapists about it. For those who did tell, sometimes this disclosure was made to protect or encourage the clinician to take greater steps towards protecting their privacy. Another participant noted, “I felt comfortable disclosing, and my therapist reassured me that it was something most people do these days.”

Clients’ overall positive or negative experiences with their psychotherapists prior to finding information were unrelated to whether they told their clinicians about finding personal material ($U = 5025, z = -.121, p = .904$). Participants’ reactions to the material they viewed (i.e., positive, negative, neutral or mixed), were also unrelated to whether they told their clinicians

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about finding the material ($X^2(3, N = 224) = 2.022, p = .568$). Whether participants had previously given their psychotherapist feedback was also unrelated to whether they discussed their searches with their clinicians ($X^2(1, N = 224) = 5.797, p = .111$).

Effects of Searching for and Discovering Psychotherapist Personal Information

Participants rated the effects of discovering their psychotherapists' personal information along 41 dimensions; 26 dimensions focused on the impact the discovery of this information had on participants' impressions of their clinicians' characteristics, and 15 focused on the impact of such discoveries on participants' experiences of their psychotherapy (see Tables 3 and 4). Eighteen of the 26 clinician characteristic dimensions were rated as having a neutral effect by over 50% of participants; the two most frequently reported neutral effects included participants' sense of their clinician's sensitivity in online disclosure of clinical material (72.4%; $n = 168$) and sensitivity to the client (72.4%; $n = 168$). Five of the 26 clinical impression dimensions were rated as having a positive effect by more than 50% of participants. The most frequently reported positive effects included expertise (74.1%; $n = 172$), more favorable views of clinician skills and training (68.2%; $n = 135$), and overall feelings about the clinician (68.2%; $n = 135$). Negative effects along this dimension were substantially fewer: none were over 15%. The two most frequently reported negative effects on participant views of their clinicians' characteristics were participants' reduced sense of clinician availability to clients (14.7%; $n = 34$) and clinician boundaries (13.8%; $n = 32$).

Of the 15 dimensions focusing on the impact of discovering clinician personal information on participants' experience of their psychotherapy, 10 were rated as having a neutral effect by over 50% of participants. The two most frequent neutral effects were related to the ending of psychotherapy (81.9%; $n = 190$) and the course of treatment (66.0%; $n = 153$). The

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two most frequent positive effects on participants' experience of psychotherapy were improved ability to identify with the clinician (54.3%; $n = 126$) and confidence in the clinician (51.7%; $n = 120$). The two most frequent negative effects of discovering clinician personal information online were decreased comfort level (25.4%; $n = 59$) and increased distress (25.4%; $n = 59$).

Some of the qualitative responses regarding positive aspects of seeing a clinician's online information were related to feelings of connection, soothing, or comfort in viewing the clinician's online presence. One participant wrote, "I tend to search for him (online) when I am having a hard time. Even though the same stuff mostly keeps coming up, it is comforting. Like, 'oh, he's still there.' Object permanence." In qualitative responses regarding negative experiences of finding personal information online, some participants reported feelings of guilt and difficulty "letting go" of their connection to their psychotherapist. " "I feel a lot of guilt about looking up my therapist online, but I do it because there is zero self disclosure on his part. I tend to do it when I am feeling insecure about therapy or our relationship." Another noted: "I was ashamed and embarrassed for wanting to find information about her, for being curious about how she spent her time outside of our sessions..." Others felt betrayed by their discoveries: "Found out she'd been lying about what kind of dogs she had then tried to get out of that when confronted. Trust shattered..."

Online Information Discovery versus In-person Encounters

Over half (54.8%; $n = 182$) of the total sample reported having encountered at least one of their psychotherapists in-person outside of the therapy session (e.g., on the street or at an event). When asked whether face-to-face incidental contacts felt different from online encounters, a majority noted that face-to-face encounters felt more awkward, and online ones were easier and less embarrassing. Regarding an in-person encounter one person called it "agonizing;" another

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said “I felt as though I was standing there naked in public ...” Some, however, experienced the reverse: the live contacts were uneventful or even positive, whereas online searching induced shame, guilt and distress. A few noted that online encounters were intentional, as compared to face-to-face encounters, which were accidental and surprising.

Ending the Search

Over half (51.0%; $n = 103$) of participants stopped seeking information at some point. When asked why they stopped looking, 57.3% ($n = 59$) said their curiosity had been satisfied, 34.0% ($n = 35$) felt they had crossed a boundary, 28.2% ($n = 29$) felt uncomfortable looking for the information, 17.5% ($n = 18$) stopped because they decided to continue in treatment with the clinician, and 7.8% ($n = 8$) stopped because they decided *not* to continue in treatment with the provider.

Discussion

The findings from this study support the assertion that psychotherapist privacy may be compromised on the Internet and that personal and professional boundaries are becoming blurred. These findings also confirm clinician loss of control over disclosures of personal information online and the inability to confine these disclosures as one might do when making a deliberate disclosure that is carefully considered in terms of clinical impact on a specific client.

Clients are discovering a wide range of personal data about psychotherapists. Oftentimes, these discoveries follow intentional searches for the psychotherapist’s information.

Factors Related to Searching

There were no statistically significant differences among those who searched for data across a number of variables including gender, age, years on the Internet, and almost all other dimensions of treatment we measured. The only variable related to a greater likelihood of

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searching for personal information about one's psychotherapist was participation in group psychotherapy. The reasons for this correlation are unclear: it could be that group therapy clients also seek information about other group members online, and this sets the stage for searches that include the clinician. It may also be that this finding was an artifact of the number of analyses we ran (i.e., familywise error).

Nature of the Personal Information Discovered

Family information was the most common type of information discovered. Discovery of family information influenced what some felt safe sharing in treatment. Such responses underscore the need for psychotherapists to consider not only what *they* share online, but the information shared by their family members and how this might impact their clients. These potential consequences may require that psychotherapists: (a) consider not using their full names for non-professionally related social networking activities; and (b) consider not connecting with family members, since this can lead curious clients to family members' profiles or to the psychotherapist's profile. Clinicians may wish to discuss privacy settings with family members, to reduce opportunities for psychotherapy patients seeking access to them.

Reasons for Searching: The Blank Slate No More

Curiosity was the primary reason for seeking information, but a small group sought specific pieces of information that were withheld when the client asked the psychotherapist. These responses highlight that it is becoming quite difficult for clinicians who prefer to be a blank slate. Clients whose clinicians deflect personal questions can easily find answers to these questions through other means. Clinicians must understand this fundamental shift in control over personal information and anticipate this kind of searching. They must also recognize that clients

may choose whether to meet with them or continue in treatment with them based upon what is revealed in these searches.

Revealing Search Behavior to the Psychotherapist

Nearly three quarters of those who sought personal information did not tell their psychotherapist that they searched. The qualitative data suggest such disclosures were prevented by shame and embarrassment, concerns over clinician anger or other negative reactions, and feeling vulnerable to negative interpretations of this behavior.

Effects of Searching for and Discovering Psychotherapist Personal Information

Though some of the discoveries of information appear to have had a negative impact on treatment and views of psychotherapists, our results indicate that most people reported neutral to positive impacts. This may be relieving for most clinicians. Nevertheless, in the smaller group of participants who did have negative reactions to searching or discovering of online information, it may have been experienced as especially wounding.

For example, over one third of participants who stopped searching did so because they believed they had crossed a boundary, and over a quarter stopped because of discomfort with searching. Some qualitative comments also indicated that searching behavior itself may have had a negative effect on some clients. In some cases, it may not have been the discovered data that was hurtful, but the client's feelings about having searched (or feeling compelled to continue looking) that was experienced as harmful. We see this as another reason to encourage clients to bring this activity, and reactions to it, into treatment. Doing so can allow for the possibility of addressing potential disruptions to the treatment alliance. A good avenue for accomplishing this process is to use informed consent or office policy processes to set the stage for exploring and addressing this behavior. One example is the social media policy created by Kolmes (2010)

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which frames a number of activities that may occur out of session between psychotherapist and client and can facilitate such conversations. Alternately, psychotherapists could provide a simple statement in their policies: “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.”

Among the smaller group who shared their discoveries with their psychotherapists, qualitative responses suggested that one motivation was to encourage psychotherapists to better protect their privacy. This reflects the relatively greater sophistication among some clients regarding privacy and Internet use compared to their clinicians. This is also an interesting contemporary twist on how clients may demonstrate nurturing and care for clinicians. This has been seen more traditionally when clinicians are ill or distressed, but this focus on the clinician’s privacy may be a more modern way for psychotherapy patients to engage in caretaking.

Comments about clinicians normalizing clients’ curiosity and noting that it was natural for clients to experience interest and engage in online searches suggested that this response strengthened the alliance and allowed clients to understand and explore their behavior. This is an additional reason to introduce social media policies at the outset of treatment and to address potential social media overlap during treatment, so that disclosure of these events does not remain a taboo topic. We believe it is more productive to respond with warmth and curiosity to client disclosures of searches, rather than to respond harshly. Although some clinicians may worry about clients who search obsessively or stalk their psychotherapist, and this is a possibility, it was not borne out in our data with this sample as a common occurrence. To learn more about stalking and psychotherapists, see Sandberg, McNiel, and Binder (2002).

Some responses indicated that a clinician's online presence may serve as a transitional object for clients. More than one participant mentioned feelings of comfort that a psychotherapist's online presence offered. Some clinicians who are unsettled by learning that their clients have looked for them online might be able to reconsider these searches as a longing for comfort and connection.

For most participants, finding information online about a clinician was either neutral or enhancing of their beliefs and attitudes about the clinician. One quarter of respondents, however, reported distress and decreased comfort and a smaller proportion noted that it negatively affected the alliance. Others noted it had a negative influence on their sense of their clinician's availability to them as a client. We wonder if a clinician's choice to post online, tweet, or reply to people on social networking sites, rather than respond to a client's outstanding phone message, for example, might be the sort of circumstance that raises a client's concerns about the clinician's availability.

The primary negative experiences described in qualitative responses noted difficulties letting go of a treatment that had terminated, or discovering information that revealed the psychotherapist had not been forthcoming about something. Other respondents felt they crossed a boundary and did not have an opportunity to discuss this with the psychotherapist because it was too exposing. The amount of shame and discomfort some clients had to tolerate on their own raised concerns regarding the damage it might have done: "Every time I found out something new, I hated myself a little bit more."

Online Information Discovery versus In-person Encounters

Most participants agreed that online encounters were different from offline encounters.

Offline encounters were shared experiences, which sometimes created discomfort but allowed

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for processing with the clinician. The hidden nature (unless disclosed) of online encounters seemed to be somewhat easier in some cases. In others, however, the awkwardness and discomfort were delayed or deferred, and were never shared with the clinician. We cannot overstate the importance of clinicians' normalizing client curiosity, the ease with which clinicians and clients may "bump into" one another online, and the need to invite such discussions into the treatment to minimize shame and embarrassment and negative effects on treatment.

Some participants indicated that the Internet is becoming an avenue for avoiding conversations that could be useful during treatment. The example of a client seeking to see if a clinician was a member of the same synagogue is an example of a conversation that could have potentially created comfort and safety if discussed. Perhaps the clinician would have been able to address the underlying concerns had it been invited in a discussion of social media, or in the consent process.

Limitations

This was a limited sample of clients who had been in therapy and had sought or encountered information about their psychotherapist online. No conclusions from these data can be made as to overall percentages of psychotherapy clients engaging in this behavior. An additional limitation is that this sample consisted of regular users of social networking sites, and the recruitment postings went to blogs, Twitter, Facebook and other groups, so this may confound our data. There are many psychotherapy patients who may not be as digitally connected as those in our sample. Recruiting people offline who are not regular Internet users about whether they have gone online to seek out their therapist's information would be a

different but worthwhile study. Nevertheless, our demographic surveyed is a growing one. The Pew Foundation (Fox, 2013) reported that nearly three quarters of U.S. adults seek health information online and the proportion of adults seeking psychotherapist information appears similar in our sample.

Conclusions

Though our paper focuses on those who sought and found personal information about their psychotherapist on the Internet, we do not know how frequently this happens. In this study, the personal information found about clinicians online assisted nearly half of psychotherapy patients in making decisions about moving forward in treatment. Clinicians can use this awareness strategically in crafting what they share online. They should assume that clients can and will find things meant to be personal. We believe that psychotherapists need to both normalize such searches and create an atmosphere that helps clients understand that bringing this information into treatment is acceptable and useful.

Most respondents reported that finding information about their psychotherapist was either neutral or treatment enhancing. Fewer indicated that the information caused distress or uneasiness in the clinical relationship. Participants had some discomfort about whether to tell the clinician what they found, which only a minority did. Those who did not share their findings noted fear of upsetting the clinician or embarrassment over making such disclosures. Client withholding of this information in therapy is significant both when clinicians have done things to reinforce this fear, but also in the absence of indicators as to whether a clinician would react negatively. These patients may be robbed of the opportunity to have an accepting relationship in which to explore curiosity about the people who treat them. We believe this is a call for clinicians to prepare for such disclosures and to respond to these admissions in ways that are

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curious, affirming, and normalizing. We would go further to say that invitations to bring this material into treatment should be addressed in treatment agreements, policies, and informed consent procedures. Doing so may reduce client distress and help create stronger treatment alliances.

Suggestions for Psychotherapists

Clinicians must better understand how to manage their online presence so as to minimize preventable intrusions to their privacy. Some ways of doing this include: attending trainings that address clinical, ethical, and technical aspects of having an online presence; hiring a tech consultant who can assist in locking down and checking privacy settings on social media sites; or having tech savvy family members, friends, or other clinicians assist in changing privacy settings. As noted in the Discussion, clinicians may wish to ask their family members to be more selective about sharing photos that expose other family members, including the psychotherapist. We strongly recommend that therapists decline friend requests from unknown parties.

Psychotherapists who want to exercise the highest level of caution might contact colleagues or friends to confirm that recent social media contact requests from these people were actually sent by these individuals. Psychotherapists should ask clients early on about their use of social media and acknowledge that they may encounter one another on social networking sites, inviting such encounters into the therapeutic conversation so that they do not remain taboo. We advise clinicians to ask clients how they came to find the clinician and ask if they have viewed the clinician's website. We urge clinicians to be aware of the messages that their website and their social media profiles project. For example, a clinician who engages in discussions with other professionals or lay people about anxiety will make a different impression than a clinician who uses his Twitter account to interact with customer service from his cellphone provider or who

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sends angry tweets to an airline due to poor service. Lastly, People Finder sites pose an ongoing challenge for clinicians who want their public records off of the Internet. Violet Blue's book chapter (2014) offers detailed and clear suggestions for those wanting to protect their online privacy.

Suggestions for Future Research

About a third of clients who found psychotherapist personal information felt they had crossed a boundary; almost as many indicated experiencing discomfort in looking for this information. It would be useful to learn more about how these clients managed this discomfort and if it altered the course or outcome of treatment. For the 18% who stopped searching because they wished to continue treatment with the clinician, it seems that continuing to seek information felt at odds with maintaining a relationship with the provider. In a prior study, (Kolmes & Taube, 2014), psychotherapists were asked whether they had searched or found information about psychotherapy clients. To further our understandings of these phenomena, it would be helpful to explore clients' wishes and feelings about their clinician viewing or searching for their personal data, and how they believe this would affect the therapeutic relationship.

Future research could focus on the qualitative experiences of those who *have* had conversations with their clinicians about Internet discoveries to better understand the positive and negative outcomes of these conversations. It would be useful to have larger scale studies that address a broader spectrum of patient populations to ascertain the frequency of search behavior overall. Given that those in group therapy had higher search rates, research exploring whether these patients also search for information on others in their therapy group, and how this affects treatment, would be useful. Many group therapies require clients to refrain from developing relationships outside of the treatment session, and the Internet may be blurring such rules.

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Additional research to assess the differential effects on treatment alliances and relationships in group, family, and individual work could be useful.

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Table 1

Information Found

Personal psychotherapist data	N	% ^a
Family	141	60.8
Age/birthdate	127	54.7
Education	118	50.9
Home address	106	45.7
Photos	105	45.3
Hobbies/Interests	86	37.1
Dating/relationships	73	31.5
Friend	50	21.6
Living Situation	47	20.3
History	46	19.8
Previous Career	43	18.5
Other ^b	41	17.7
Likes/dislikes	37	15.9
Religion	35	15.1
Overlapping friend networks	33	14.2
Personal losses	29	12.5
Political	25	10.8
Financial	23	9.9
Sexual Orientation	22	9.5
Classified ads	15	6.5
Death	10	4.3
Personal ads	7	3.0
Shared email lists	5	2.2
Illness	2	0.9

^a Percentages are greater than 100 because participants chose all that applied. Two hundred and thirty two participants completed this question, of a possible $N = 332$.

^b“Other” included such things as private telephone numbers, lies told about breed of pet the therapist had, divorce, reviews clinician left on products purchased online, content to an email group based upon sexual fetishes, and warrant for arrest for domestic violence, among other information.

Table 2
What Participants Wanted to Know about their Psychotherapists

Reasons for searching	N	% ^a
Just curious	164	81.2
Did she/he have a web presence	90	44.6
Seemed like such a one-sided relationship	79	39.1
Other ^b	63	31.2
His/her marital status	50	24.8
Whether she/he had children	48	23.8
Whether we had friends in common	28	13.9
Whether she/he was a member of a group with which I identify	24	11.9
His/her sexual orientation	20	9.9
Whether she/he was member of group I have strong feelings about	17	8.4
Her/his religion	15	7.4
Her/his political affiliation	11	5.4
Whether she/he was in addiction recovery	7	3.5

^aPercentages are greater than 100 because participants chose all that applied. Two hundred and thirty two participants completed this question, of a possible $N = 332$.

^b“Other” included various responses, but an oft repeated theme was clients wanting to “feel closer” or seek comfort and “connection” from their current or past psychotherapist’s Internet presence. Other somewhat common responses included efforts not to offend the clinician, and seeking confirmation of reasons for termination or lateness. More idiosyncratic responses involved such things as: “trying to get a better understanding of who she is and how she could be so kind to me;” “I was trying to determine the integrity of the therapist;” “I was trying to find positive/negative feedback about previous clients of my therapist;” “I wanted to show an internet friend a photo of my therapist; trying to find out where therapist lived so client could avoid that part of town.”

Table 3

Effects of viewing psychotherapists' online information on participant beliefs and attitudes regarding the clinician

Clinician Dimensions ^a	Neutral ^b N (%)	Positive N (%)	Negative N (%)
Sensitivity to client	168 (72.4)	44 (19.0)	20 (8.6)
Sensitivity in online disclosure of clinical material (general)	168 (72.4)	56 (24.1)	8 (3.4)
Clinician emotional reactivity	167 (72.0)	41 (17.7)	24 (10.4)
Ability to manage difficult interactions	166 (71.6)	50 (21.6)	16 (6.9)
Ability to be encouraging	159 (68.5)	60 (25.9)	13 (5.6)
Ability to remain nonjudgmental	152 (65.5)	51 (22.0)	29 (12.5)
Availability to client	150 (64.7)	48 (20.7)	34 (14.7)
Attentiveness	148 (63.8)	59 (25.4)	25 (10.8)
Acceptance	146 (62.9)	69 (29.7)	17 (7.3)
Accessibility to people in need	137 (59.1)	73 (31.5)	22 (9.5)
Consistency	136 (58.6)	73 (31.5)	23 (9.9)
Boundaries	133 (57.3)	67 (28.9)	32 (13.8)
Warmth	133 (57.3)	80 (34.5)	19 (8.2)
Compassion	128 (55.2)	86 (37.1)	18 (7.8)
Integrity	120 (51.7)	92 (39.7)	20 (8.6)
Empathy	117 (50.4)	97 (41.8)	18 (7.8)
Ability to be helpful	116 (50.0)	95 (40.9)	21 (9.1)
Reassuring presence	110 (47.4)	101 (43.5)	21 (9.1)
Genuineness	108 (46.6)	89 (38.4)	25 (10.8)
Professionalism	94 (40.5)	111 (47.8)	27 (11.6)
Intelligence	93 (40.1)	124 (53.4)	15 (6.5)
Expertise	93 (40.1)	172 (74.1)	12 (5.2)
Skills and training	83 (35.8)	135 (68.2)	14 (6.0)
Respect for clinician	73 (31.5)	132 (56.9)	27 (11.6)
Overall feelings about clinician	69 (29.7)	135 (68.2)	28 (12.1)

^aTwo hundred and thirty two participants completed this question, of a possible $N = 332$.

^bRanked by frequency of neutral responses.

Table 4

Effects of viewing psychotherapists' online information on participant beliefs and attitudes regarding the psychotherapy

Psychotherapy Dimensions ^a	Neutral ^b N (%)	Positive N (%)	Negative N (%)
Ending of treatment	190 (81.9)	14 (6.0)	28 (12.1)
The course of treatment	153 (66.0)	52 (22.4)	27 (11.6)
Sense of treatment success	144 (62.1)	63 (27.2)	25 (10.8)
Client sense of distress	140 (60.3)	33 (14.2)	59 (25.4)
Confidence in treatment process	137 (59.1)	71 (30.6)	24 (10.3)
Sense of hope	132 (57.0)	77 (33.2)	23 (9.9)
Willingness to return to therapist in future	128 (55.2)	83 (35.8)	21 (9.1)
Level of disclosure to clinician	127 (54.7)	68 (29.3)	37 (15.9)
Sense of the alliance	117 (50.4)	76 (32.8)	39 (16.8)
Ability to work with clinician	116 (50.0)	68 (29.3)	30 (12.9)
Trust in clinician	106 (45.7)	90 (38.8)	36 (15.5)
Closeness to clinician	101 (43.5)	97 (41.8)	34 (14.7)
Confidence in clinician	86 (37.1)	120 (51.7)	26 (11.2)
Ability to identify with clinician	72 (31.0)	126 (54.3)	34 (14.7)
Comfort level	72 (31.0)	101 (43.5)	59 (25.4)

^aTwo hundred and thirty two participants completed this question, of a possible $N = 332$.

^bRanked by frequency of neutral responses.