

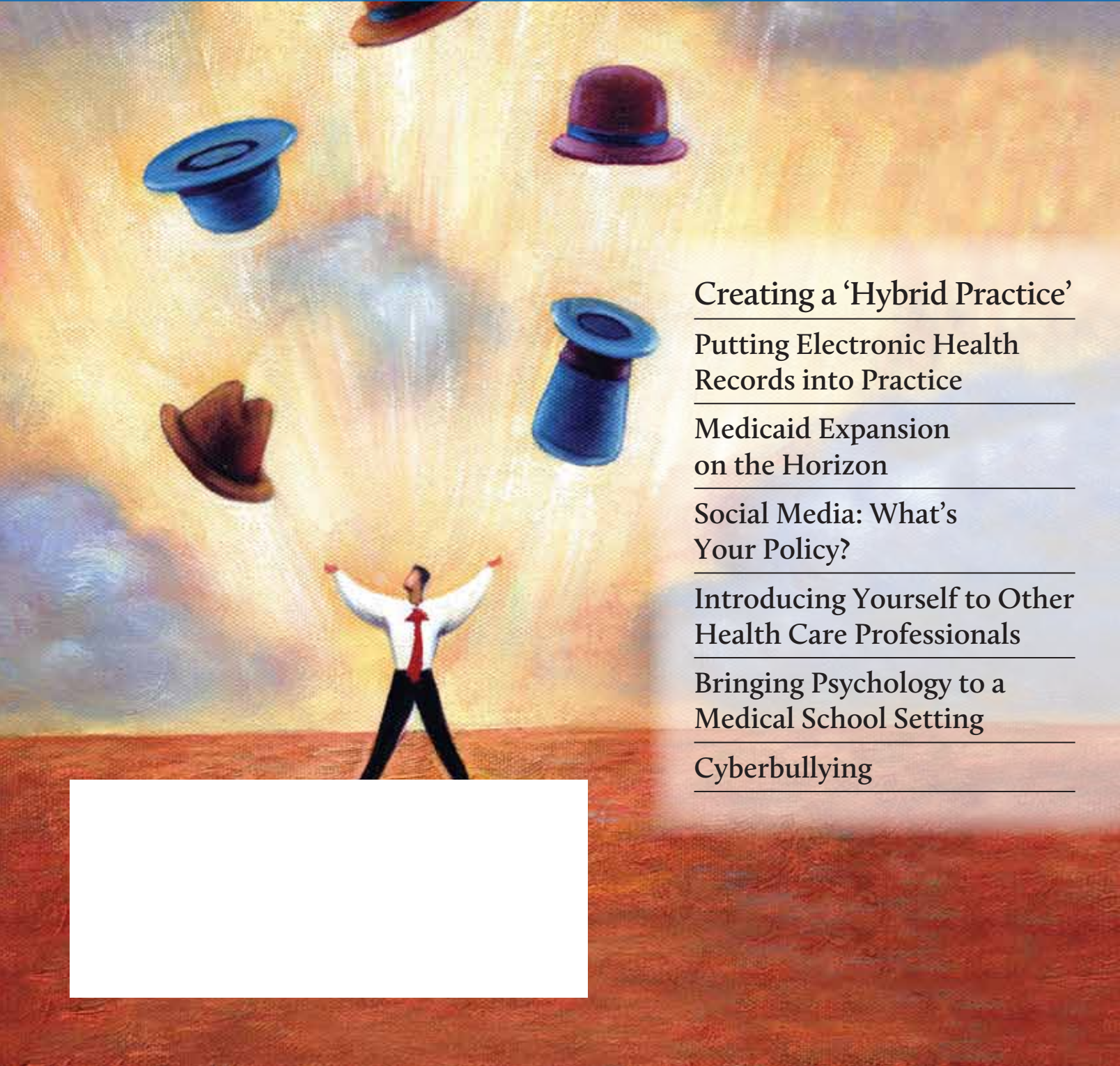
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Tools and Information for Professional Psychologists



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Social Media: What's Your Policy?

Dr. Keely Kolmes, a psychologist pioneer in the professional use of social media, answers questions related to establishing social media policy for a psychology practice.



Keely Kolmes, PsyD

According to the Pew Research Center, 79 percent of adults use the Internet and 59 percent of those users are on at least one social networking site. So psychologists and their clients are sure to cross paths online.

More practitioners are instituting a social media policy as part of their informed consent procedure, with many using or adapting the policy drafted by Keely Kolmes, PsyD.

Dr. Kolmes is in private practice in San Francisco, where she writes, blogs and tweets to her approximately 88,000 followers extensively on mental health professionals' use of social media.

Why is a social media policy important? Who needs one?

Anyone who is on the Internet and providing clinical care should have some type of social media policy for their practice, even if they are only using email or accessing the Internet for personal use. It can just be a brief statement or paragraph and need not be a long document.

The research is showing us that clients and clinicians are having incidental contacts all of the time on the Internet. Clients are frequently searching for information about their therapist online and they often discover personal as well as professional information. The research is telling us that some clients experience shame and discomfort with finding personal information and for having engaged in the searches, and that the majority do not bring this up with their providers.

Introducing a social media policy in treatment helps frame these encounters as an issue that can be discussed together;

it helps normalize the experience of incidental contacts, and it creates boundaries and sets expectations for both parties in the clinical relationship.

How has your social media policy evolved?

Shortly after writing my social media policy, I deleted my Facebook business page, so that part of my policy is no longer applicable. I decided that I did not want to have to attend to who became a fan of the page and I had some experiences in which friends posted information on the page that was too personal for my comfort. Monitoring and cleaning up my page activity became more trouble than it was worth to me.

However, nothing else has really changed in my policy since I created it.

I do plan to implement something new during informed consent to obtain permission from clients to send them post-treatment surveys about their experiences with me as a provider of psychotherapy services with a notice that I may post aggregate data (but not testimonials) on my website.

This won't be part of the social media policy, per se, but it is relevant to social media, consent and treatment. I see this as a way to continue to develop my skills as a clinician, to be transparent with potential clients about my strengths and weaknesses as a provider, and as a way to provide an alternate to the types of information found on consumer review sites such as Yelp. Since this will be an exchange that I have directly with a client, it will be part of the treatment interaction, rather than something that occurs outside of treatment that I find out about later. I will also not be disclosing people's words or identities to the public or their friend networks.

What is especially important for psychologists venturing into social media to do/avoid doing?

Do not discuss anything related to a client's treatment in a status update. Even without identifying data, posting about

your feelings about “my last session” or whether or not you met with someone with a particular diagnosis on a certain day can both influence your relationship with that client and potentially identify them to others who may know they seek care from you. Do not post quotes from clients or complain about your work. We have a right to personal social networks for friendship and support, but we also have a responsibility to represent our profession and understand how it impacts public perception of our work if we use social media to vent about the challenges of our job or otherwise objectify the folks who seek our care.

What issues related to social media do you think practicing psychologists will have to grapple with in the future?

I see two huge hot-button issues for psychologists right now that I expect to continue to present challenges in the future. The first is varying beliefs on whether it is ethical to use Internet searches and social media profiles to gather additional data on clients and whether clients should be informed of this practice. It is a strong belief of mine that clients have a right to know if you use the Internet to collect information about them that you will use in treatment.

The second issue is the worry and helplessness psychologists experience when they get negative reviews of their services on consumer review sites since they cannot respond due to confidentiality restrictions. I believe that the best way to manage this is to develop standardized ways to collect this information directly from clients and to find ways to ethically incorporate the information into your own web presence with informed consent and share this feedback while protecting confidentiality.

What guidance on social media do psychologists solicit most from you?

I get a lot of consultation requests from people who have had a negative review from a client, looking for some way to respond or have the review removed. I also hear from people who need assistance making sure their Facebook profiles have the privacy settings they want. So I sometimes provide tech support and check their profiles to ensure they are using the privacy settings they want. Sometimes people contact me after discovering a sensitive social overlap via social media and want help on how to bring this up clinically. I help them work through whether it seems important to bring this back into the treatment relationship and how they might do so.

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HIGHLIGHTS OF DR. KOLMES' SOCIAL MEDIA POLICY

Keely Kolmes' social media policy, excerpted below, outlines her practice policies and how she conducts herself on the Internet. The complete document can be found on Dr. Kolmes' website, www.drkkolmes.com.

FRIENDING

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

INTERACTING

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by phone. Direct email at [drkkolmes \[at\] hushmail \[dot com\]](mailto:drkkolmes@hushmail.com) is second best for quick, administrative issues such as changing appointment times.

USE OF SEARCH ENGINES

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.

Creating a ‘Hybrid Practice’ *continued from page 3*

alertness (conscious and unconscious) for opportunities and an ‘ability to connect the dots’ in order to bring opportunities together from seemingly disparate areas.”

Psychologists are well suited for entrepreneurship, according to Walfish. They can use their “therapy skills, research skills, teaching skills, consultation skills and ... ability to develop products that people want in order to branch out,” he says.

Get the proper training. Psychologists are ethically obligated to build the competencies necessary for any work they engage in. This can be achieved through a variety of channels, including formal coursework, continuing education, getting supervision from an expert in the area in which you wish to practice, having a mentor, self-study—such as reading journals and other publications—and peer supervision.

In his book *Earning a Living Outside of Managed Mental Health Care: 50 Ways to Expand Your Practice*, Walfish presents essays by 50 practitioners who also share the additional training they undertook to branch out. For example, a psychologist who offers a marriage skills workshop advises those who are interested to “first become expert in emotional regulation, cooperative communication and conflict resolution skills.”


More psychologists are branching out, fixing their sights on ventures that are a good fit for them and their practice, external environment and target market. When Graham went into practice 35 years ago, his business partner counseled him never to have all his eggs in one basket. “That has held for me,” he says. The variety of work keeps his finances on even keel and “it’s never dull.”

POTENTIAL NEW SOURCES OF PRACTICE REVENUE

Here are 10 emerging need areas and opportunities for new types of practice revenue, based largely on suggestions from Drs. Walfish, Graham and Morris.

1. Career development for those looking to change career paths
2. Health behavior change (for example, smoking cessation, addictive behaviors, weight loss)
3. Premarital counseling
4. Mindfulness-based stress reduction
5. Creating and selling informational products
6. Speaking engagements
7. Selling trainings and workshops at schools, businesses, associations
8. Managing health behaviors around chronic illness (for example, lifestyle changes in managing diabetes, treatment adherence for cancer)
9. Consulting with and educating physicians, attorneys and other professionals to enhance their own communications and stress management skills and help them better manage issues that arise in their work
10. Parenting coordination

More information can be found on Practice Central at <http://bit.ly/LrENqn>.

“Every day feels challenging and exhilarating,” says Morris. “I am constantly creating and recreating myself and my practice. It’s thrilling to know that I can expect the unexpected.” 

Social Media: What’s your policy? *continued from page 11*

How do clients respond when you introduce your social media policy? What questions or concerns have they raised?

Most clients don’t say much about it, although some have said that they thought it was really “cool” that I spelled it all out for them so there were no surprises. A few have expressed reassurance that I won’t be Googling them without their knowledge. Since I live in San Francisco, which is a bit

of a social media bubble, many of my clients work in tech. I think that for these folks, having a psychologist who has a social media policy feels pretty comfortable and helps them understand the choices I’ve made in more consumer-friendly language. Some clients specifically choose to work with me since I seem so attuned to social media issues because this is becoming such a common space for relationship issues to arise for them. 