

PO Box 9644, Marion Square Wellington 6141 Phone +64 4 471 4580 0800 471 4580 Info@nzpb.org.nz www.psychologistsboard.org.nz

Maintaining professionalism when using social media networking

August 20131

Purpose of Guidelines

The Health Practitioners Competence Assurance Act (the **HPCA Act**) mandates the New Zealand Psychologists Board (the **Board**) to assure the public of New Zealand that registered psychologists are fit to practise and that they provide high quality and safe services. In order to meet these obligations, the Board has adopted the Code of Ethics for Psychologists Working in Aotearoa/New Zealand (the **Code**), 2002 (developed in conjunction with the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists) as a guide to ethical practice. The Code delineates the manner in which psychologists ought to carry out their practice. All other statements of how psychologists should conduct their practice must be consistent with the Code and its ethical principles of respect for the dignity of persons, responsible caring, integrity in relationships and responsibility to society.

Guidelines adopted by the Board support psychologists in providing competent and ethical practice by translating or expanding on the Code in relation to more specific aspects of their professional behaviour. Guidelines are not definitive, binding, or enforceable by themselves. They have the least authority of any of the regulatory documents. However, a disciplinary body may use the guidelines in evaluating a psychologist's knowledge and competency. Guidelines are recommendations rather than mandatory standards but supplement the Code of Ethics which is the highest and most aspirational regulatory document. Consideration and the application of such guidelines is considered an essential component of continued professional development and of delivering "best practice".

Professional registration as a psychologist not only gives a practitioner a privileged and esteemed position in society, but also connotes obligations to maintain standards of personal conduct and ethical behaviour in all realms of life. Complaints are received by the Board from time to time arising from a psychologist's private life. This is indicative that members of the public do hold expectations of individual practitioners. Conversely, if individual psychologists are seen to act in ways that do not uphold ethical standards, it can discredit the whole profession.

Recent advances in technology, such as the exponential development in the use of the internet and social media, offer many opportunities to be harnessed for positive gain, but also present some new challenges for psychologists. These guidelines address the additional issues and risks raised by the proliferation of the use of social media. In doing so, it is not intended to deter those who may wish to mobilise the many positive applications enabled by this technology. It is expected that other media and reference material will explore these possibilities. These guidelines do not attempt to cover this.

All practitioners should be mindful of the risks that may arise from the use of social media. The objective of these guidelines² is to alert practitioners to these risks and how

Adopted by the Board in August 2013. Next review: August 2015.

² The Psychologists Board is very appreciative of the Medical Council and its related organisations for their 2010 guidelines, which this draft draws substantially from.

professionalism can be maintained online. It is not intended to discourage individuals from using social media but to encourage those who choose to participate to do so in a way that is mindful of the potential impact on personal reputation, relationships with clients and colleagues and future employment prospects. The use of social media can expose an individual to scrutiny in a very public way and therefore requires awareness and careful consideration about maintaining appropriate social boundaries between our professional and private lives.

Professional uses of social networking

The psychologist may have an online profile used to promote their professional activities, such as a specific website or Facebook page. This may include advisory or educational services. There should be a clear and discrete separation or partition (a firewall) between this site and any other social networking site used for more personal networking.

Some psychologists use blogging sites to offer psychological advice and self-help techniques, or to establish supportive online communities. Consumers commonly search health or medical issues online. Some psychologists address that need with psychoeducation websites which may also offer audio recordings, blogging and video chat.

The use of social media in a public health emergency can be very beneficial. For example, the contributions of psychologists following the Christchurch earthquakes illustrated how social media could be used to disseminate information and to educate people quickly and cheaply. This information included "psychological first aid" to help people build resilience and to cope with the trauma generated.

Any psychologist who has an online profile which is interactive should clearly define the boundaries of the relationship. An established psychologist-client relationship connotes certain ethical and professional expectations and responsibilities. The psychologist may need to use a disclaimer when posting a comment on a blog site or if providing an advisory service in a more generalised way.

The risks of social media

Professionalism was defined by the American Board of Internal Medicine as requiring the professional "to serve the interests of the patient above his or her self-interest. Professionalism aspires to altruism, accountability, excellence, duty, honour, integrity, and respect for others"³. This aspirational statement could equally apply to psychologists serving their clients. Exposure through the internet evokes risks to professional standards by inadvertent disclosure of psychologists' behaviour which is inconsistent with this.

All social networking sites should be considered to be public and permanent. Once information has been posted online, it can remain traceable even if you later delete it. Even if you do not identify yourself as a psychologist, others may link your posting with your role and therefore all material posted may be viewed through the critical lens of judging the profession and you individually by the standards expected of a psychologist. This allows for what has been termed "accidental self-disclosure". A psychologist's responses, reactions and comments in an online forum or page might be taken by others as professional opinion and advice. Things said in jest or humour may be misconstrued. It is not uncommon for a psychologist's statements to be reproduced within the media as a representation of "psychological truth" or be applied to situations out of context.

Privacy settings may be reset by the social networking site to a default setting which is not as stringent as your personalised setting and therefore should be checked regularly. Research indicates that employment selection processes increasingly include the recruiter screening the applicant for any postings online.

 4 Zur, 2009, cited by Nicholson, 2011.

³ Gabbard et al, 2011

Confidentiality

There should be no reference to any client or personal disclosures about an employer on a social website to avoid the inadvertent release of confidential information. Even if a client is made anonymous, the identity may be recognisable to others by the summation of information. Similarly, the identity of an employer or manager may be deduced by inference.

It is understood that a psychologist may refer to their current or past employment settings, as listed on the Curriculum Vitae or in detailing their professional experience. This guideline is not intended to discourage such publications but is intended to promote careful editing of any judgemental or prejudicial postings.

Defamation

Defamation law can apply to comments posted on the web, irrespective of whether the comments are made in a public or private capacity. Defamation is considered to have occurred when statements are published to a third person or group of people, the person to whom the comments refer is identifiable, and the comments cause damage to that person. Psychologists should not make defamatory comments about individuals or institutions generally but especially not regarding colleagues or the profession. A defamation case that is upheld can make the perpetrator liable for substantial monetary compensation.

Social media should not be used as a way of disclosing for wider scrutiny a concern within a professional context, such as in a "whistle blowing" scenario. Seeking redress through established and appropriate channels with the backing of professional colleagues and a psychologist's supervisor is likely to be more effective and consistent with ethical practice.

Boundary violations

The informality of social media can encourage inadvertent boundary violations. Clients may try to gain access to aspects of a psychologist's private life, perhaps with "innocent" and friendly intent. For example, a client may seek to gain access to their psychologist's personal Facebook page (becoming a "friend"). Such requests should be politely declined. Maintenance of clear boundaries is protective of both parties in a professional relationship and the erosion of this boundary undermines the efficacy of psychological assistance. Psychologists should be cautious about posting personal information about themselves if it is information that they would prefer employers, colleagues, allied health professionals or students to not access or know about them. Information posted on social media websites may unintentionally inform others of your political and religious beliefs, preferred social activities and details of your family and personal relationships. Such information could change the frame of reference for professional relationships with clients. It is advised that a psychologist who uses social media takes the time to view their active profiles from how the general public might view them, should they search online. It is useful to know how much personal information is automatically and routinely displayed, even without the owner's knowledge or planning.

Knowledge about the psychologist

Traditionally the professional relationship between the psychologist and a client has operated with considerable information asymmetry, with the client knowing little of the psychologist's personal life. Nowadays many clients are likely to approach a planned consultation by searching for information on the internet prior to a professional engagement but may not acknowledge holding this information. A search may disclose considerable information about the psychologist and may also retrieve sites where disgruntled (or satisfied) former clients post comments or ratings about the service received from that practitioner. A client might be searching for the psychologist online for completely appropriate reasons, such as confirming the physical address of the practice and then be unintentionally exposed to many other aspects of the psychologist's life.

⁵ Research cited by Kolmes (2012) indicated 70% of psychotherapy clients doing a search on their prospective therapist but of these only 28% then discussed their findings.

While the client has the right to autonomous decision-making, including the seeking of such information, the psychologist should be alert to the possibility that there is prior knowledge held (which may or may not be accurate and fair). Psychologists who have taught or lectured might find that their lectures and PowerPoint slides are being shared around the world.

Client privacy

Psychologists are reminded that according to the Code of Ethics, they should "seek to collect only that information which is germane to the purpose(s) for which informed consent has been obtained" (1.6.4). The psychologist who does an online search of their client without consent may breach that client's privacy, violate their autonomy and dignity, and infringe on the trust that is integral to the relationship. This may create ethical dilemmas about what to do with the information gained. "An undisclosed search can disrupt the working alliance and undermine the therapeutic neutrality of the psychotherapist, who will be constrained by the burden of holding a secret." A psychologist who finds him or herself interested in investigating the online activities of their clients should question their own reasoning for this interest, and if necessary, discuss this within their own professional supervision.

Gaining informed consent requires the psychologist to inform their clients about the rules that will apply to their relationship at the outset. A psychologist may consider making transparent to a client at the beginning of the professional engagement that he or she has a policy of not searching for any information about their clients on-line, and that any "friend requests" will be declined. The policy could also include a statement that information acquired inadvertently will be disclosed. Having transparent policies about what information will or will not be searched may be particularly appropriate for those psychologists and clients who have been termed "digital natives" 7 who have grown up with the internet and regard it as normal to undertake an internet search on a new acquaintance. Of course, a transparent policy of this sort does not preclude the psychologist viewing the client's social media posting with the client's consent, as may be relevant to the therapeutic work.

Stating disclosure policies openly and transparently establishes a pathway towards building trust, models integrity and teaches the culture of the psychology profession. The need for such a policy also applies to the relationships between supervisor and supervisee, employer and employee, teachers and their students.⁸

There may be circumstances, such as in a crisis where it is appropriate for the psychologist to seek information through an internet search. As in any scenario where there is a professional justification, the reasons for the action should be recorded fully in the client records, including consideration of the risks arising from doing so, whether or not permission was sought and the rationale for proceeding.

Having transparent policies and seeking permission to view social media sites may be particularly relevant for psychologists working with youth who may be vulnerable through their internet use. Seeking consent to read their website together may be a useful adjunct to a therapeutic process as it may enable the psychologist to monitor and educate with regard to concerning or risky behaviour. Cyber bullying and harassment and the tendency for some vulnerable youth to participate in attacks on their own reputations, are prevalent issues that require the psychologist to negotiate to work collaboratively with their teen clients. If the psychologist is to include online observations in this manner they should be clear around their access and frequency. For example one anticipated risk would arise if the client thought or assumed that the psychologist was constantly monitoring their online posts and then used that channel to post information believing that it would elicit urgent assistance or care from the psychologist (such as in an indirect "cry for help" or indication of self-harm scenario).

4

⁶ White, H. (2009)

⁷ Termed by Prensky (2001), cited by Levahot et al (2010) to refer to those who have grown up with the omnipresent internet.

⁸ Kaslow et al. 2011.

Psychologists' responsibility when there is a known risk of harm

The psychologist who becomes aware of the risk of harm to a client or an identified other person has an ethical and legal obligation to take action to intervene which may include informing authorities. The legal case law was established by the Supreme Court of California in what is widely referred to as the Tarasoff case. This obligation would apply even if the psychologist becomes aware of the client's intentions inadvertently. It also overrides the ethical obligation to maintain confidentiality if the psychologist has been informed by the client intentionally. This is also stated in the Health Information Privacy Code 1994, principle 11 (f) (ii), that a psychologist who has information of this nature may disclose it if the psychologist believes on reasonable grounds "that disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another individual". The New Zealand Code of Ethics also states that a psychologist may need to breach confidentiality of their client-psychologist relationship if they believe that there is a serious risk of harm to their client ar another person.

It may be difficult for a psychologist reading information gained online to accurately gauge the severity, seriousness and intent of a concerning statement. This would place the psychologist in an ethically challenging situation.

If a risk of intention to harm (whether to self or to another) becomes known about somebody other than a client, then this obligation to intervene does not exist. However there may be considered strong moral imperatives to act such as by passing the information to the police and/ or an agency that is in a position to intervene.

There is some public health research evidence that social media can influence pro-suicide behaviour⁹. The internet is less regulated than other media and potentially harmful material is easily and readily available through the internet. The virtual community may bring together those with more extreme views and thereby normalise beliefs and/or behaviour which otherwise would be unacceptable. The heightened risk posed by social media is being vigorously and proactively counteracted by suicide prevention websites, crisis help lines, and other educational resources. For example, searching "suicide" or other key words on Google and Yahoo brings up New Zealand based suicide prevention links. Psychologists may be able to use these public health methods of disseminating suicide prevention information and to promote access to mental health services.

Privacy settings

Although most social networking sites have privacy settings which enable the individual participant to control to some extent how accessible their information is, there are known examples where the site has updated their policies and settings, in the process defaulting many users back to more public settings.

Your name, profile photo, friends list, gender, geographic location, and the pages and networks to which you belong are considered publicly available and do not have privacy settings. If you remove content from your profile, that information may remain viewable if you have shared it with others. Photos sent to friends and family may have less stringent privacy settings which make that information accessible to unintended others.

Employer checks

"Employer surveys have found that between one fifth and two-thirds of employers conduct internet searches, including of social network sites, and that some have turned down applicants as a result of their searches" Comments on an employer or work colleagues; use of profanity in reference to specific persons or an organisation; discriminatory language; depiction of intoxication; sexually suggestive material; and pictures with illicit substance paraphernalia have all cost one or more applicant a chance at being appointed for an employment position. Any material posted that portrays an individual in an unprofessional or controversial light may be detrimental. Although it may be illegal for an employer to be biased against an applicant on subjective grounds, such discrimination is likely to be not recorded and it would be difficult for an unsuccessful applicant to prove or challenge that.

⁹ Luxton et al (2012)

¹⁰ Parker, K. (2010) and Paton, N. (2007) cited by Medical Council guidelines.

Cyber bullying

Social media sites are also used by some to bully or harass others. The Board has heard of anecdotal evidence of disgruntled clients who have posted critical or derogatory comments about a named psychologist. It is possible to report inappropriate content to site administrators and request that it is removed. The client could be informed how to address their complaint through official channels.

Other ways of looking after yourself and others online

If you observe that a colleague has posted material online that could be professionally damaging for them, you may consider letting them know discreetly to encourage them to withdraw that information.

Email addresses also convey an impression, so having an unusual email address may be unhelpful.

Using up to date anti-virus and anti-spy ware is basic to good practice on the internet.

Summary:

The intention of these guidelines is to encourage psychologists to remain mindful and vigilant regarding the obligations and responsibilities of their professional conduct in the light of the challenges brought about by the rapidly expanding use of social media. Psychologists are advised to remain aware of the ways in which the appropriate boundaries between their professional and personal lives can become blurred or ambiguous. Ongoing careful self-reflection and consideration of psychologists' presentations in all forms of media, and the possible consequences arising needs to be included in self-maintenance and professional development. If psychologists are unclear about their boundaries with regards to using or appearing in online media, they should discuss this issue with their supervisors.

References

Australian Medical Association Council of Doctors in Training, NZ Medical Association Doctors in Training, the New Zealand Medical Students Association and the Australian Medical Students Association (2010). Social media and the Medical Profession: A guide to online professionalism for medical practitioners and medical students.

British Psychological Society (2012) Job applicants, social media and the law. www.bps.org.uk

British Psychological Society (undated) Supplementary guidance on the use of social media. www.bps.org.uk

Gabbard, G., Kassaw, K. And Perez-Garcia, G. (2011) Professional boundaries in the era of the internet. Academic Psychiatry, vol 35(3), pp 168-174. Downloaded 26/10/2012 ap.psychiatryonline.org

Kaslow, F., Patterson, T. And Gottlieb, M. (2011) Ethical dilemmas in psychologists accessing internet data: Is it justified? Professional Psychology: Research and Practice, vol 42(2), 105-112.

Kolmes, K. (2012) Social media in the future of professional psychology. Professional Psychology: Research and Practice, vol 43(6), 606-612.

Lehavot, K., Barnett, J. And Powers, D. (2010) Psychotherapy, professional relationships, and ethical considerations in the MySpace generation. Professional Psychology: Research and Practice, vol 41(2), 160-166.

Luxton, D., June, J., and Fairall, J. (2012) Social media and suicide: A public health perspective. American Journal of Public Health, vol 102, Supplement 2, s195-s200.

Nicholson, I. (2011) New Technology, old issues: Demonstrating the relevance of the Canadian Code of Ethics to the ever-sharper cutting edge of technology. Canadian Psychology, vol 52(3), pp 215-224

Pharmacy Council of New Zealand, the Pharmaceutical Society of New Zealand, the University of Auckland School of Pharmacy, New Zealand's National School of Pharmacy (Te Kura Matauraka Wai-whakaora), University of Otago and the EVOLVE Intern training Programme (undated) Social media and the Pharmacy profession.

Taylor, L., McMinn, M., Bufford, R., and Chang, K. (2010) Psychologists attitudes and ethical concerns regarding the use of social networking web sites. Professional Psychology: Research and Practice, vol 41(2), 153-159.

Tunick, R., Mednick, L., Comroy, C. (2011) A snapshot of child psychologists' social media activity: Professional and ethical practice implications and recommendations. Professional Psychology: Research and Practice, vol 42(6), 440-447.

White, H. (2009) Locating clinical boundaries in the world wide web". The American Journal of Psychiatry, vol 166 (5), pp 620.