Oregon Board of Psychology

Social Media Committee Work Product
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Social Media Guidelines

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Contents

Introduction

Social media has become part of everyday living, impacting the way we communicate, how we obtain information, and how we present ourselves to others. Psychologists are encouraged to use social media responsibly as a way of disseminating knowledge about the field of psychology, and in ways that enhance the accessibility of psychological services to the public. As with any other technique or approach, psychologists have a responsibility to act ethically, to ensure professional competence, to protect clients, and to uphold the values of the profession when they use social media via electronic means or by digital transmission. They must recognize that the potential for harm or abuse of vulnerable people can be increased because of the lack of an in- person relationship with the psychologist, and they must take steps to safeguard against harm when fewer cues are available for accurate perception. They must utilize social media in a responsible way that incorporates approaches that are relevant to the needs of culturally and geographically diverse clients. They must recognize the need for proficiency in the technological skills required for competent and ethical practice when using social media, and they seek consultation to stay current with emerging technologies. They must recognize that any conduct via social media should follow APA ethical guidelines and statewide statutes pertaining to the practice of psychology. These guidelines were developed to assist psychologists, psychological associates, psychological residents, and psychology students in this effort.

Definitions:

Social media is defined as forms of electronic communication, such as texting, emailing, instant messaging, professional websites, microblogging, and other forms of social networking through which users share information, ideas, and personal content. Examples of social media that the committee has considered include text messaging, emailing, Facebook, Instagram, twitter, and direct messaging within the social media programs. According to Lifewire (2017), the most used social media sites are Facebook, Twitter, LinkedIn, Google+, YouTube, Instagram, Pinterest, Tumblr, Snapchat, Reddit, Flickr, Swarm, Kik, Shots, Periscope, Medium, SoundCloud, Tinder, WhatsApp, Slack, Musical.ly, and Peach.

TeleHealth or TelePsychology is defined as the provision of psychotherapy or consultation in an established or to be established clinical relationship. The American Psychological Association (A)A) has already provided guidelines for this type of psychotherapy.

Purpose and proposed use of these guidelines:

These guidelines were developed for inclusion in the Oregon Board of Psychology Policies and Procedures Manual. They are intended primarily to assist Board members in adjudicating future complaints involving social media. It will be evident that they are elaborations of the APA Ethical Principles and Code of Conduct, and not new standards. New standards for the practice of psychology will be forthcoming from APA. The ad hoc Social Media Committee hopes that licensed psychologists, psychologist associates, psychology residents, and psychology students will be interested in this effort.

These guidelines for the use of social media by psychologists were developed by an ad hoc work group created by the Oregon Board of Psychology in 2017-2018 in a unique collaboration among

Oregon Board of Psychology board members, Oregon Psychological Association representatives, psychologist licensees, and a technology expert from the counseling field. Overall, the work group identified the following seven areas of concern for the use of social media by psychologist: informed consent, confidentiality, multiple relationships, competence, security, and professional conduct. For each of these areas, the relevant ethical codes, the potential problems, and proposed solutions will be discussed.

OBOP thanks the OPOB Social Media Work Group Members who graciously volunteered their time and expertise over the seven-month development period of this project:

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Confidentiality

1. Relevant Ethical Codes (Confidentiality)

Psychologists have a primary obligation to maintain confidentiality
   (APA Ethical Principle 4.01 to 4.07).

4.01 Maintaining Confidentiality
Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality
(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship

> *(1) the relevant limits of confidentiality and*

> *(2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)*

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.
(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording
Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy
(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.
(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to

    (1) provide needed professional services;

    (2) obtain appropriate professional consultations;

    (3) protect the client/patient, psychologist, or others from harm; or

    (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees And Financial Arrangements).

4.06 Consultations

When consulting with colleagues,

    (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and

    (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless

    (1) they take reasonable steps to disguise the person or organization,

    (2) the person or organization has consented in writing, or

    (3) there is legal authorization for doing so.

2. Problems related to social media (Confidentiality)

When using social media, psychologists should consider the potential impact of social media use on confidentiality of protected health information, acknowledging potential risks to confidentiality not limited to:

x   Tweets and forwarding of the psychologist's comments or reference to protected health information,

x   automatic storage of Internet use history on the psychologist's electronic devices.

x   unintended viewing of social media communication by unauthorized persons

x   risks to confidentiality related to the use of search engines, phone applications. Note: A recent study of mental health phone apps revealed that 55% of apps tested were found to

send confidential patient information (username and password, contact information, age, gender, location, phone ID, and phone number) to other companies (Thurm & Kane, 2010 in Luxton et al 2011).

x   consultation in online communities, blogs, list serves

x   the potential for breaches in security due to viruses, ransomware, hacking, or theft of the physical electronic device where social media entries may be stored.

3.   **Proposed Solutions (Confidentiality)**

1. In accordance with the recommendations set forth in the APA Guidelines for the practice of Telepsychology (2013), psychologists who use social networking sites for both professional and personal purposes should be familiar with and should utilize all available privacy settings to reduce the risks to confidentiality.

2. Psychologist should not search social media sites for client's information without their permission and informed consent. APA Ethical principles state that psychologists obtain the client's informed consent, provide an appropriate explanation, or seek the client's assent hen providing assessment, therapy counseling, or consulting services (APA Ethical Principle 3.10).

3. Psychologists maintain confidentiality of their clients' protected health information whenever they use social media.

4. Psychologists exercise caution when communicating client information such as names, identifying information, clinical information, or diagnoses over social media.

5. Psychologists use social media with an eye to protecting the reputation of the profession and the public conceptualization of psychologists. Principle B: Fidelity and Responsibility of the APA Ethical Principles directs psychologists to uphold professional standards of conduct. Psychologists maintain an awareness that any of their social media activities may reflect upon themselves as professionals and upon the field of psychology as a whole.

Informed Consent

1. Relevant Ethical Codes (Informed Consent)

Psychologists obtain informed consent whenever they use social media with clients. APA Ethical Principles direct psychologists to obtain informed consent from clients, and to appropriately document this consent, permission and assent (APA Ethical Principles 3.10 Informed Consent).

3.10 Informed Consent
(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)
(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless
> *(1) provide an appropriate explanation,*
> *(2) seek the individual's assent,*
> *(3) consider such persons' preferences and best interests, and*
> *(4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable*

steps to protect the individual's rights and welfare.
(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.
(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

2. Problems related to social media (Informed Consent)

Psychologists should consider at what age a youth can provide informed consent to communicate with their psychologist via social media and whether they have included this option in their description of services that they might provide to an underaged client. They need to be mindful of informed consent regarding any social media post or communication that may be forwarded to other recipients.

3. Proposed solutions (Informed Consent)

At a minimum, informed consent should contain the following elements:

- x   An explanation of the possible benefits and risks in using social media to communicate with a psychologist,

- x An explanation of emergency procedures and explanation of how communication over social may be disrupted or fail due to circumstances beyond the psychologist's control.
- x A back-up plan if communication over social media is compromised or fails.
- x An explanation of the increased risks of loss of security and confidentiality with the use of social media and/or with the use of social media over mobile devices.
- x A proposal of an alternative means of communication, should the client decline the offer to use social media.
- x An offer of alternatives to social media usage.

Example of an informed consent disclaimer for use with email:

Confidentiality Notice: this message is intended only for the use of the individual or entity to which it is addressed and may contain information whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR, Part 2) prohibit you from making any further disclosure of it without the expressed written consent of the person to whom it pertains, or of the guardian or custodial parent of the minor to whom it pertains. This prohibition applies to any reference to this email, either verbal or written, or to any excerpting, photocopying, or direct quotes from this email. If you are not the intended recipient, please delete this email immediately.

In requesting a response from me via email, you are hereby giving your consent for a response by email, understanding that email may not be encrypted and even if encrypted, email poses security risks that threaten confidentiality (i.e., other people reading your messages, hacking and email pirating, lost or stolen devices). If you would prefer a response in another format (telephone, voice mail, FAX, or postal service), please indicate your preference in your email message to me or contact me by any of these other methods.

Risk Management

1. Relevant ethical codes (Risk Management)

Principle A: Beneficence and Nonmaleficence
Psychologists seek to benefit those with whom they work and take care to do no harm....
Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.

3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and
(1) at the same time is in another role with the same person,
(2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or
(3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to:
(1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or
(2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

4.01 Maintaining Confidentiality
Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.

5.01 Avoidance of False or Deceptive Statements
(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

       (b) Psychologists do not make false, deceptive, or fraudulent statements concerning
          (1) their training, experience, or competence;
          (2) their academic degrees;
          (3) their credentials;
          (4) their institutional or association affiliations;
          (5) their services;
          (6) the scientific or clinical basis for, or results or degree of success of, their services;
          (7) their fees; or
          (8) their publications or research findings.
       (c) Psychologists claim degrees as credentials for their health services only if those degrees
          (1) were earned from a regionally accredited educational institution or
          (2) were the basis for psychology licensure by the state in which they practice.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy patients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude
       (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy patient/patient or
       (2) providing disaster or community outreach services.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)
(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.
(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

2.   Problems related to social media (Risk Management)

1. Copyright infringement is using work protected by copyright law without obtaining permission to use this work. Psychologists should avoid posting full text versions of published materials (APA Ethics Code 8.11 Plagiarism; 8.12 Publication Credit).
2. Libel means publishing accounts which damage another person's reputation. Psychologists should avoid personal attacks and characterizations that questions another person's motives or qualifications.
3. Antitrust laws are statutes that protect consumers from unfair business practices. Psychologists should avoid discussions of rates charged, efforts to collect, terms of contracts with insurance companies, and salaries, to name a few examples of possible antitrust law violations.
4. Psychologists should avoid in-person solicitations to promote their businesses (APA Ethical Code 5.06, In-Person Solicitation). Therefore, psychologists should avoid using commercial postings in social media.
5. Because they may have undue influence on their patients, psychologists should avoid making political endorsements (APA Ethical Code Principle A: Beneficence and Nonmaleficence).
6. Psychologists should avoid making requests for research participation via social media as this gathers a biased sample.
7. Psychologists should only practice in the state in which they are licensed.
8. Because psychologists should avoid dual relationships with current or past patients (3.05 Multiple Relationships), they should avoid communicating with current or past patients via social media.
9. Psychologists should avoid posting patient information, or using social media for case consultation, requests for referrals for patients, comments about colleagues, or discussions about litigation (APA Ethical Code 4.01 Maintaining Confidentiality).
10. If patients assume that messages or postings will come to the immediate attention of the psychologist and will be responded to promptly, this could pose a risk of harm (Principle Beneficence and Nonmaleficence).
11. In cases of domestic violence, **psychologists should not** violate confidentiality by disclosing identifying information as this may place patients in peril (4.01 Maintaining Confidentiality).

3. Proposed solutions (Risk Management)

There are several actions that psychologists should avoid via social media, including posting full-text versions of published works, potentially libelous accusations, information on business practices that could violate anti-trust laws, advertising, political endorsements, requests for research participation, confidential information or having dual relationships with patients via social media. Additionally, there are several actions that psychologists can take to use social media in an ethically and legally responsible manner:

1. Have a social media policy in which you explain whether, to what degree, and how the psychologist will interact and use social media with patients. Clarify this policy in consent forms and via discussions with patients. This includes clarifying what to do if you pop up in the "people you may know" tab or how you handle friend requests.

2. Clarify on social media sites the jurisdiction in which they are licensed to practice, so they are not viewed as intending to practice outside the scope of their licenses.
3. Carefully consider what you post on social media and who has access to this information so as not to influence patients with personal, financial, social, organizational, or political opinions.
4. Use privacy settings that limit levels of interaction. Caution family members about the possibility of social media requests from unknown people.
5. If you share devices, ensure that family members cannot access your device. It is highly recommended that psychologists have exclusive access to social media so others (including family members) cannot access it.
6. Use only trusted and secure WiFi networks (don't use Starbucks or airport WiFi to access work websites).
7. Use encrypted email.
8. Discuss the turnaround times of various methods of communication.
9. Let patients know the can turn off location tracking during appointments.
10. Understand the privacy settings on every application that you use as some applications are social media whether or not you know it. For example, if you use the exercise application Strava, this may publish the whereabouts, frequency and duration of your

Sample Social Media Policy for Consent Forms:

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

If you have any questions about this policy, please feel free to discuss this with me. Email [and Text Message] Communications

I use email communication [and text messaging] only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges [and text messages] with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email [or text] me about clinical matters because this is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Email [and text messaging] should not be used to communicate with me in an emergency situation. I make every effort to respond to emails[, texts] and phone calls within 24 hours, except on weekends and holidays. In case of an emergency, please call my phone line at [insert #]. If I am not immediately available by phone, please call 911, contact local crisis services [insert name of organization and phone #] or go to the nearest emergency room.

[For psychologists who do not wish to receive any text messages, delete bracketed text above referring to text messages and insert the following paragraph]

Text Messaging

Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messages from anyone in treatment with me. So, please do not text message me unless we have made other arrangements.

Social Media

I do not communicate with, or contact, any of my patients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant privacy risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with patients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

Websites

I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

Web Searches

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age, there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become common for patients to review their health care provider on various websites. However, mental health professionals cannot respond to such comments because of confidentiality restrictions. It is also generally preferable for patients to discuss their concerns directly with their health care provider. If you have concerns or questions about any aspect of our work together or about any previously posted online reviews of my practice, please let me know so that we can discuss them. I recommend that you do not rate my work with you on any website for several reasons. If you rate my work on a website while you are in treatment with me, it has the potential to affect our therapeutic relationship. If you choose to post an online review about me or another health care provider either while you are in treatment or afterwards, please keep in mind that you may be revealing confidential information about your treatment.

Thank you for keeping this policy in mind and for letting me know of any concerns.

Reference

Social media policy retrieved from: https://www.trustinsurance.com/resources/articles/ sample-electronic-communication-policy?ID=34&tabid=168.

Multiple Relationships

1. Relevant Ethical Codes (Multiple Relationships)

According to APA ethics code 3.05, governing multiple relationships, *"A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical"* (APA, 2016, p 6). This code relies on the psychologist to use his or her ethical reasoning to establish:
1. Whether or not the context of the multiple relationship could be expected to impair his or her objectivity, competence or effectiveness in treating the client, and
2. Whether or not the context of the multiple relationship risks exploitation or harm to a client.

Additional considerations include whether or not the multiple relationship will result in a violation of informed consent or privilege, especially if the relationship results in disclosure of protected information or of the doctor/client relationship.

2. Problems related to Social Media (Multiple Relationships)

The distinction between personal and professional social media is the most relevant to the concept of multiple relationships. Professional accounts and profiles should adhere to the ethical standards set forth in the risk management section of this social media committee's recommendations and policy. A client "liking," "friending" or "following" a psychologist's professional page, which does not share any personal information outside of what is publically available, likely does not constitute a dual relationship, because the professional relationship is the only one that is maintained (Zur, 2010).

A dual relationship is established when a client or someone closely affiliated with a client establishes a social, technology-based relationship in addition to their professional relationship with their psychologist. Therefore, a client or patient connecting to a psychologist's personal, and/or non-professional account on any form of social media activates the ethical considerations of APA ethics code 3.05.

3. Proposed Solutions (Multiple Relationships)

1. Psychologists are responsible for all connections they make through social media, and to know whether or not these connections establish a dual relationship.

Establishing a relationship on social media is achieved through multiple avenues, and most social media services utilize some or all of these avenues:
• A permission-based connection. Examples include "friending;" Facebook, "connecting;" LinkedIn, where a user of social media searches for, or is invited to connect with another user, and consents or requests this connection.

- A non-permission based connection. Examples include "liking;" Facebook, "following;" Twitter, or "Subscribing;" YouTube, where a user of social media connects with another user by clicking a button, which gives that user special access or notifications related to the other user's content.
- Systemic relationships built into the social media that propose connections based on shared interests or existing connections indicated by participants. Examples include LinkedIn recommending other users based on common connections, or common skill-sets, or Push Recommendations from Twitter.
- Access to contact lists available on devices used to log in to social network. Examples include Peach's "Syncing with your contacts" option, and LinkedIn's "Grow Your Network" feature.

2. Psychologists should familiarize themselves with both the privacy policy and settings of any form of social media they use.
Prior to establishing any form of relationship on social media, a user must first establish an account, in which he or she consents, usually via an agreement, to the terms and conditions of the social media service. In the establishment of any form of social media account, the user is responsible for knowledge of and consent to:

- Its privacy policy, to which the user consents in order to use the social media service. Privacy policies detail what information they take from the user, and how this information is used. Please note that the use of social media therefore constitutes consent to the privacy policy and awareness of its limitations, which makes the user culpable as a professional if its privacy terms serve to contraindicate the ethics code of his or her licensing and guiding organizations.
- Its privacy settings, which the user may or may not alter to make his or her profile more or less available to public audience. Almost all social media sites have privacy settings, which allow the user to select what is and is not private to a certain extent, however all sites also have default settings that cannot be overridden by the user. For example, on Facebook, cover images and current profile pictures are always public, even if every other aspect of a profile is private. Reddit has very limited privacy settings due to the nature of its forum-style. As one Reddit user queried when another commented on the lack of privacy settings, "What is the point of posting a comment if no one can see it?"

3. Psychologists are responsible for any comments or posts they make on any form of social media they maintain, and the risk any of these comments may have in violation of any aspect of the Ethics Code of the American Psychological Association. The old adage, "when in doubt, leave it out" may be a good motto to apply when it comes to any information that might lead to identification of a patient or alter patients' sense of safety and trust in our professional standing.

Competence

When psychologists use social media technologies as an adjunct to their clinical practice, they need to be competent in both the technologies employed and the methods by which they are used. This would include awareness of potential clinical, technical and administrative issues associated with their use and reasonable steps taken to competently use technologies while mitigating risk. By not taking care to address competency issues, Psychologists may be assuming liabilities and risking ethical violations.

1. **Relevant Ethical Considerations (Competence)**

   2.01 Boundaries of Competence
   a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
   (b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.
   (c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.
   (d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.
   (e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

   2.03 Maintaining Competence
   Psychologists undertake ongoing efforts to develop and maintain their competence.

   The **NASW & ASWB Standards for Technology and Social Work Practice (2005)**
   further illuminate a number of ethical considerations. While these may have been

developed in context of the social work profession, they have generalizability for psychology.

- SW Standard 9-4. Clinical Competencies – [Clinicians] shall strive to become and remain knowledgeable about the dynamics of online relationships, the advantages and drawbacks of non-face-to-face interactions and the ways in which technology-based social work practice can be safely and appropriately conducted.
- SW Standard 4: Technical competencies – [Clinicians] shall be responsible for becoming proficient in the technological skills and tools required for competent and ethical practice and for seeking appropriate training and consultation to stay current with emerging technologies.
- SW Standard 9-3. Administrative Practice - [Clinicians] shall keep themselves informed about technology that will advance quality program operations and service delivery, invest in and maintain such systems and establish policies to ensure access, appropriate security and privacy in agency information systems.

2/3 Problems Related to Social Media & Proposed Solutions (Competence)

1. Clinical competence includes protecting patient privacy and ensuring that client safety is in no way compromised through personal or professional use of social media. Psychologists do not search social media sites for client's information without their permission and informed consent. Psychologists should use social media in ways aligned with upholding the reputation of the profession, consistent with APA ethics and guidelines.

2. Technological competence includes adequate risk analysis and ongoing evaluation of data and platform security. Physical security of data needs to be protected and access limited to authorized personnel. Data should be encrypted, passwords should be strong and platforms should be protected form unauthorized digital access. Third-Party Services should be properly vetted to ensure HIPAA compatibility.

3. Administrative competency includes having adequate qualification and training in technologies, sufficient documentation and record keeping regarding social media practices. Social media policies should be adequately detailed and discussed through informed consent.

4. Competence when dealing with social media issues involves both awareness of potential issues and taking reasonable steps consistent with best practices to address those issues.

Professional Conduct

1. Relevant Ethical Considerations (Professional Conduct)

2.01 Boundaries of Competence
(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.
(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

2.04 Bases for Scientific and Professional Judgments
Psychologists' work is based upon established scientific and professional knowledge of the discipline.

5.04 Media Presentations
When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient.

2. Problems Related to Social Media (Professional Conduct)

Boundaries of competence. Identifying the boundaries of competence in a new practice area is uniquely challenging. Has the psychologist received sufficient training via education, supervised experience or consultation to use social media in an ethically responsible manner?

Media presentations. The Ethics Code requires psychologists to rely on scientific knowledge while in their professional role, which would also include information shared through the media. However, many social media venues (e.g. blogs, twitter, etc.) are used to express personal opinions which may or may not have a scientific basis.. The boundaries between a professional and personal identity often overlap and it's difficult to discern when the psychologist is speaking from a personal view or from the professional role. Psychologists need to ask themselves, is there a possibility the readers may attribute this personal opinion to professional knowledge or judgment?

3. Proposed Solutions (Social Media)

The most important thing psychologists can do to protect themselves and their clients is to *stay current*! The resources at the end of this section update their information regularly.

Tips:

- x   Keep tweets to matters like psychoeducation, health news, or the work of your colleagues; avoid even "de-identified" references to clients.
- x   Do not connect with clients on social media (no "friending" on Facebook, implying a professional references via LinkedIn, or other social media networks).
- x   Be aware that the multiple layers in the web of networking may link your information to your clients' even if you don't personally respond or initiate. Anything that is on your personal network may be accessible through the web of previously established relationships.
- x   Use a separate email address for your social media account(s) than the one you use to correspond with clients. Only text if it's part of your informed consent.
- x   Unless you're a forensic psychologist, "googling" a client must be in the informed consent.

Security of Information

1. Relevant Ethics Codes (Security of Information)

4.01 Maintaining confidentiality
Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium…

2.05 Delegation of Work to Others
Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to... (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently.

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

2. Problems Related to Social Media (Security of Information)

As stated under Confidentiality of Records, information regarding clients/patients often finds its way onto computing equipment and online accounts belonging to a Psychologist. Additionally, the Psychologist may delegate the maintenance, transmission, and/or creation of this information to others.

Psychologists must maintain records for several purposes, including those discussed in the Relevant Ethics Codes above. Generally, Psychologists are required by licensing board rules or other authorities to maintain these records for some period of time.

Information kept on electronic media is vulnerable to loss or damage due to a number of different causes. In order to maintain the availability and integrity of information for the full required period of time, psychologists should adopt certain protective behaviors and security measures.

The use of social media to communicate often results in information that regards patients/clients being stored on computer equipment including computers, smartphones, tablets, thumb drives, external hard drives, etc.; or in online accounts held by the Psychologist. Psychologists will
often maintain emails and text messages as well as other documents.

It is often difficult to know the extent of what information is maintained on the Psychologist's computing devices and online accounts without performing a formal audit.

What's more, Psychologists may delegate tasks to other clinicians, assistants, or third-party service providers who may also end up maintaining, sending, or otherwise handling, on the behalf of the Psychologist, information whose confidentiality needs to be protected.

3. Proposed Solutions (Security of Information)

1. Psychologists should catalog and examine all their resources (including human ones) that handle sensitive information in order to discover which resources have security vulnerabilities that need additional protection.
2. Any persons who contact sensitive information on behalf of the psychologist should be trained to properly handle that information according to the needs of their assigned responsibilities. Personnel who do not need access to certain sensitive information should be prevented from accessing it. It should also be possible to determine, through an audit, which personnel made any given changes or additions to sensitive information on behalf of the psychologist.
3. When choosing software or equipment that may store or access sensitive information, psychologists should search for options and make choices that are appropriate for handling sensitive information.
4. Psychologists should take reasonable precautions to prevent damage, theft, or loss of equipment that handles sensitive information.
5. Psychologists should take reasonable precautions to prevent unauthorized people from physically accessing resources that handle sensitive information.
6. Sensitive information being stored by a psychologist should be encrypted at all times.
7. Sensitive electronic information being stored by a psychologist should be backed up frequently enough that recovery of the information is possible any time it may be lost or damaged.
8. Computing resources being used by a psychologist to store or access sensitive information should have software that helps prevent the installation of malicious software such as viruses.
9. Effective Password Policies, and Use of Strong Authentication Methods
10. Psychologists should use strong passwords and best practice password management techniques for all equipment and services that store or access sensitive information. Psychologists should consider using advanced authentication methods, such as 2-factor authentication, where such methods are available and reasonable to use.

Social Media Ethical Problems Vignettes

These vignettes are designed to illustrate the ethical problems that can come up when we use social media. The applicable sections of our Social Media Guidelines are indicated in parentheses after each one. Please note that competency can be a concern for each of these vignettes, as psychologists must have the competency to use social media in a secure and responsible manner: if security is poor, each of these vignettes could become more problematic.

1. A psychologist texts his ex-wife, telling her that she is "more bipolar" than anyone on his caseload past and present, and this includes all the inpatients at the state hospital where he did his internship.

   Discussion: Texting creates a record of your statements. Diagnosing his ex-wife if inappropriate. If security is poor, this post is not protected from public view, creating additional ethical concerns
   (please refer to sections on: risk management, multiple relationships, and competency.)

2. A psychologist comments on Facebook to his friends that he had another stressful day because a client has been demanding too much of his time, brought him an unwanted gift, and has been calling several times a day.

   Discussion: the client or people who know the client could recognize his/her information in the psychologist's post, creating an invasion of privacy, breach of confidentiality, causing harm to the client. There is more of a security risk if this post is not protected from public view.
   (Please refer to sections on: confidentiality, harm to client, security, and competency)

3. A psychologist checks her client's Instagram account to see if he was telling the truth when he told her that he had been too sick to come to his appointment, and did not want to be charged for the missed service.

   Discussion: Psychologists should not access the client's social media without their informed consent.
   (Please refer to sections on: informed consent)

4. A psychology resident indicates on his webpage that he will be licensed by the time this webpage is live.

   Discussion: This involves a public statement in which the resident identifies himself to be licensed, risking a violation of the license practice rules. Even if the resident intends to change the posting if he fails to gain licensure, he is still responsible for his statements online as soon as they are online.
   (Please refer to sections on: competency, professionalism, and potential harm).

5. The brother-in-law of a psychologist tags drunk bachelor party photos of the psychologist on Facebook.

Discussion: Psychologists are responsible for any representation that reflects upon the profession. A solution is to be competent with technology: know how to check if you are tagged in a photo, or better yet, ask your brother-in-law not to take/post photos of you at the party.
(Please refer to sections on: professionalism and competence)

6. A psychologist forwards an email from a 17 year old client to her parents, to alert them that their child is possibly suicidal.

   Discussion: Forwarding email may expose this information to interlopers. A 17 year old can consent to treatment without involving parents, so this could be seen as a violation of confidentiality and/or informed consent. An alternative is to call the parent with your concern, if the matter is life-threatening.
   (Please refer to sections on: confidentiality, informed consent, avoiding harm, and security)

7. A psychologist reads through a client's LiveJournal online in order to more fully understand the client.

   Discussion: If a client gives informed consent and wishes you to read their material, it would be better to do this during their session, or to ask them to bring a copy to you.
   (Please refer to sections on: informed consent, confidentiality, avoiding harm, multiple relations, and security).

8. A psychologist tweets about the mental state and psychological diagnoses of current politicians.

   Discussion: A temptation, but not always a good idea. Psychologists do not make diagnoses for persons who are not clients, and for persons with whom they have not had direct contact. Also, what if clients access your comments and wonder if you talk about them in the same way?
   (Please refer to sections on: competence, potential harm, and professionalism).

9. A psychologist complains to his friends and extended family members on Facebook about the managed care reimbursement rate and slowness of responding.

   Discussion: Many psychologists do this. Consider your privacy settings, and whether a client might perceive criticism or rejection from reading your post. This is not necessarily an ethical problem.

10. On a public Linked In group, a psychologist asks for help in the treatment of a client with a borderline diagnosis, "and I just had my session with her." The client immediately responds, self-identifying that she is that client, thanking him for taking care of her.

Discussion: We have no way of knowing whether our own clients or clients of other psychologists are in our Linked in groups. The mistake here was that the Linked In group was public, and the psychologist was not competent in their use of security settings. This is a case of where a competence issue created the venue for several ethical violations to occur.
(Please refer to sections on: confidentiality, competence, multiple relationships, security, and potential harm)

Resources
Brief annotated review of standards from APA and other mental health disciplines.

1. APA Telepsychology guidelines (2013) are an excellent resource, but they have a specific focus on providing psychotherapy via telehealth, not the brief and rapid exchange of information that occurs with social media. Some of these guidelines apply directly to the use of social media by psychologists.

2. Psychologist Keely Kolmes has contributed a variety of excellent resources to the field. The links below shares some very practical strategies that many of us would fine helpful.

3. The 2017 Standards developed by the National Association of Social Workers provides some excellent over-arching principles for all mental health providers to consider. In summary, social workers who use technology to provide services should take reasonable steps to prevent client access to social workers' personal social networking sites and should not post personal information on professional Web sites, blogs, or other forms of social media, to avoid boundary confusion and inappropriate dual relationships. Although social workers have a right to freedom of speech, they should be aware of how their personal communications could affect their professional relationships.
When using technology, social workers should make distinctions between professional and personal communications. Social workers should not post any identifying or confidential information about clients on professional Web sites, blogs, or other forms of social media. Social workers should be aware that they and their clients may share "friend" networks on Web sites, blogs, and other forms of social media; social workers may or may not realize they have these shared online connections. Social workers should be aware that shared membership in online groups based on race, ethnicity, language, sexual orientation, gender identity or expression, disability, religion, addiction recovery, or personal interests may create boundary confusion and inappropriate dual relationships and should avoid relationships that are likely to lead to a conflict of interest, particularly when there is risk of harm to the client (for example, if the online social relationship may compromise the social worker's ability to maintain a clear professional–client relationship).
 "…Providing clients with the personal mobile phone number of the social worker might limit the social worker's ability to maintain appropriate boundaries with clients and compromise client confidentiality. In situations where social workers use personal mobile phones or other electronic communication devices for work purposes, they should take reasonable steps to protect confidentiality and maintain appropriate boundaries."
For information falling under open access to information laws for government entities, social workers may need to ensure that the data can be accessed by the public. Social workers should be aware of the digital footprint created by such postings, including the breadth of access and the period of time during which the information may be available (perhaps to all people, and forever). Given the broad and open access to electronic information, social workers should be aware of the potential uses and misuses of this material, and the potential for misunderstandings when people attempt to communicate humor, sarcasm, or emotionally charged opinions.

3. Association of State and Provincial Psychology Boards (ASPPB) has published a set of principles/standards specific to telepsychology.   Many of these apply to the use of social media as well.

Summary: when using telepsychology, psychologists should be licensed/registered in good standing in the home jurisdiction from which the services are being provided, and the psychologist shall provide notification to the boards of all jurisdictions into which the telepsychological service will be provided and in which the client/patient resides or is located at the time of service. The psychologist shall be aware of and follow applicable laws, rules, regulations, and standards for practice in the jurisdiction into which the service is being delivered.

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- x HHS: https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/securityrule/riska s sessment.pdf?language=es
- x Private Media: https://personcenteredtech.com/2015/03/22/mental-health-pros-3-steps-to-actually-be-hi paa-security-compliant/

Performing Risk Analysis
- x APA Security Rule Course [nonfree]:
    - http://www.apapracticecentral.org/ce/courses/1370027.aspx
- x HIPAACOW Risk Kit [free]:
- x http://hipaacow.org/resources/hipaa-cow-documents/risk-toolkit/
- x NASW HIPAA Toolkit [for members]:
    - https://www.socialworkers.org/About/Legal/HIPAA-Help
- x ONC (Federal Health IT) Risk Analysis Tool [free]: https://www.healthit.gov/providers-professionals/security-risk-assessment-tool
- x Person Centered Tech Risk Tool and Policies and Procedures [for members]:
    - https://personcenteredtech.com/person-centered-tech-support/

Training and Personnel Management
- x HHS: https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/securityrule/admi n safeguards.pdf
- x Private Media: http://geminisecurity.com/hipaa/hipaa-workforce-security/

Vetting 3rd-Party Services
- ƒ HHS: https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/business-associates/index.html
- ƒ HHS: https://www.hhs.gov/hipaa/for-professionals/special-topics/cloud-computing/index.html
- ƒ Private Media: https://personcenteredtech.com/2012/08/29/what-is-a-hipaa-business-associate-agreem ent/

Protecting Data
- x APA: https://www.trustinsurance.com/resources/articles/choosing-encryption-software
- x HHS: https://www.hhs.gov/hipaa/for-professionals/breach-notification/guidance/index.html
- x HHS: https://www.healthit.gov/sites/default/files/Anti-Virus_Checklist.pdf
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Social Media Do's and Don'ts
* *

1. Be familiar with and utilize all available privacy settings to reduce the risks to confidentiality.

2. Do not search for client information on social media sites without their permission and informed consent, unless you are a forensic psychologist.

3. Maintain confidentiality of protected health information whenever you use social media.

4. Exercise caution when communicating client information such as names, identifying information, clinical information, or diagnoses over social media.

5. Use social media with an eye to protecting the reputation of the profession and the public opinion of psychologists. Be aware that any social media activity may reflect upon yourself as a professional and also upon the field of psychology.

6. Only text or email or use any other social media if you have informed consent. At a minimum, informed consent should contain the following elements: (See website for example).

    - An explanation of the possible benefits and risks in using social media to communicate with a psychologist,
    - An explanation of emergency procedures and explanation of how communication over social may be disrupted or fail due to circumstances beyond the psychologist's control.
    - A back-up plan if communication over social media is compromised or fails.
    - An explanation of the increased risks of loss of security and confidentiality with the use of social media and/or with the use of social media over mobile devices.
    - A proposal of an alternative means of communication, should the client decline the offer to use social media.
    - An offer of alternatives to social media usage.

7. Have a social media policy in which you explain whether, to what degree, and how you will interact and use social media with patients. Clarify this policy in consent forms and via discussions with patients. This includes clarifying what to do if you pop up in the "people you may know" tab or how you handle friend requests. (See website for example).

8. Clarify on social media sites the jurisdiction in which you are licensed to practice, so that you are not viewed as intending to practice outside the scope of your licenses.

9. Carefully consider what you post on social media and who has access to this information so as not to influence patients with personal, financial, social, organizational, or political opinions.

10. Caution family members about the possibility of social media requests from unknown people.

11. If you share devices, ensure that family members cannot access any PHI stored on your device. You should have exclusive access to your social media so others (including family members) cannot access it.

12. Use only trusted and secure WiFi networks (don't use Starbucks or airport WiFi to access work websites).

13. Use encrypted email.

14. Discuss the turnaround times of various methods of communication.

15. Let clients know that they can turn off location tracking during appointments.

16. Don't "friend" your clients or "like" their posts on Facebook, and don't "connect" with clients on LinkedIn. Don't "follow" your clients on Twitter, or "sync with your contacts" on Peach Consider whether any connection over social media may establish a dual relationship.

17. Be familiar with the privacy settings on every application that you use, as some applications are social media in disguise. For example, if you use the exercise application Strava, this may publish the whereabouts, frequency, and duration of your workouts to your clients.

18. Conduct a regularly scheduled risk analysis and ongoing evaluation of data and platform security. Physical security of data needs to be protected and access limited to authorized personnel. Data should be encrypted, passwords should be strong, and platforms should be protected from unauthorized digital access. Third-Party Services should be properly vetted to ensure HIPAA compatibility.

19. Maintain adequate training in technologies and in social media usage for psychologists.

20. Retain sufficient documentation and record keeping regarding social media practices.

21. Keep tweets to matters such as psychoeducation, health news, or the work of your colleagues; avoid even "de-identified" references to clients.

22. Be aware that the multiple layers in the web of networking may link your information to your clients' even if you don't personally respond or initiate. Anything that is on your personal network may be accessible through the web of previously established relationships.

23. Use a separate email address for your social media account(s) than the one you use to correspond with clients.

24. Catalog and examine all resources (including human ones) that handle sensitive information over social media to discover which resources have security vulnerabilities that need additional protection.

25. Anyone who handles sensitive information on behalf of the psychologist should be trained to properly handle that information according to the needs of their assigned responsibilities. It should also be possible to determine, through an audit, which personnel made any given changes or additions to sensitive information on behalf of the psychologist.

26. Consider security when choosing software or equipment that may store or access sensitive information.

27. Take reasonable precautions to prevent damage, theft, or loss of equipment that handles sensitive information.

28. Take reasonable precautions to prevent unauthorized people from physically accessing resources that handle sensitive information.

29. Sensitive information being stored by a psychologist should be encrypted at all times.

30. Sensitive electronic information should be backed up frequently enough to ensure that recovery is possible any time it may be lost or damaged.

31. Use virus protection.

32. Have an effective Password Policy, and a Use of Strong Authentication Methods Policy.

33. Use strong passwords and best practice password management techniques for all equipment and services that store or access sensitive information. Psychologists should consider using advanced authentication methods, such as 2-factor authentication, where such methods are available and reasonable to use.