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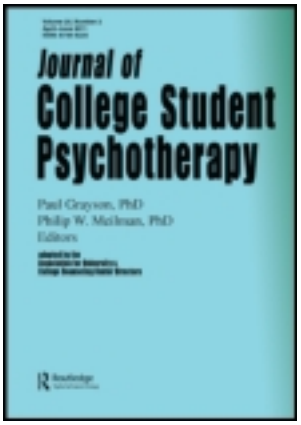

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Facebook: Maintaining Ethical Practice in the Cyberspace Age

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Facebook: Maintaining Ethical Practice in the Cyberspace Age

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Current technology provides counseling center clinicians regular and immediate access to the students they work with via social networking. Focusing on Facebook in particular, this article discusses the opportunities and challenges this access creates and specifically explores how utilization of ethical, clinical, and cultural lenses might affect decisions about Facebook use, with particular emphasis on consideration of appropriate ethical principles and standards. The authors encourage counseling center staff members and trainees to consult with one another regarding use of Facebook and offer specific scenarios for engaging in discussions about this topic. The article concludes with guidelines for making decisions related to social networking.

KEYWORDS counseling center, ethical guidelines, Facebook, social networking

With freedom comes responsibility. In the world of college counseling centers, that adage speaks to all of us who have at our fingertips, thanks to the continual introduction of new forms of technology, an opportunity to access and share information at any time with our clients via technology. This fact has shifted the culture of our profession, both bringing opportunities and creating challenges regarding what is clinically sound and ethically appropriate. These complications have occurred within a larger cultural shift in higher education, where it is not uncommon for faculty, staff, and students

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to become "friends" with one another through social media sites such as Facebook. This raises challenges for counseling center professionals: Should they too become Facebook friends of their clients? Should they access information about them? How should they respond to the fact that students lack awareness of the potentially public nature of their Facebook sites in relation to therapists?

This paper discusses how social networking engagement affects college clinicians in relation to our role on campus and our relationships with our clients, our colleagues, and our trainees. As administrators, the authors feel a sense of responsibility to all affected groups to help sort through the many ethical questions Facebook poses. We do so with a profound appreciation for the autonomy of individuals and variety of viewpoints within our profession, as well as our commitment as professionals to work within the aspirational nature of ethical guidelines, including those of the American Psychological Association (APA, 2010), American Counseling Association (ACA, 2005), and National Association of Social Workers (NASW, 2008) organizations. For the purposes of this paper and because we are psychologists, we will only use the lens of the APA's Code of Ethics (APA, 2010). Although the field of social networking is broad, we have selected Facebook as a focus, which we feel provides sufficient latitude to define boundaries and parameters and initiate a fruitful discussion.

We begin our discussion with exploration of appropriate ethical principles and standards. Later we consider clinical issues and cultural/ environmental factors. Ethical issues are primary and accordingly will receive the most emphasis, because if it is determined that it is unethical to friend a client, no further decisions need to be made. Only if friending is considered ethically justified would one move on to exploring the clinical and cultural implications.

APPLICABILITY OF THE ETHICS CODE FOR COUNSELORS' PRIVATE USE OF SOCIAL MEDIA

The APA Ethics Code (American Psychological Association, 2010) consists of three sections, each with implications for counselors' use of social networking sites. The Introduction and Applicability section distinguishes between our professional and private lives and indicates that the private conduct of psychologists is not within the purview of the ethics code. Although the private conduct of psychologists falls outside this section's purview, social media users soon note that boundaries are frequently blurred between private and professional. Further, both the public and the profession hold the counselor to a standard of professionalism that limits personal freedom in some circumstances. In the context of social media, a mental health professional must always consider that private postings and pictures may be

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viewed by counseling colleagues, trainees, clients, and others within the campus community and, therefore, could be deemed to fall under the ethics code. Indeed, the fact that many counselors have personal Facebook profiles potentiates social networking with trainees, clients, former clients, and nonclient students. Thus the question remains: how do we manage personal Facebook profiles as counseling center professionals and how do we best carry on dialogues within our centers pertaining to its use?

Clinical psychology doctoral programs, such as at the San Diego State University and University of California, San Diego (SDSU/UCSD) Joint Doctoral Program in Clinical Psychology (SDSU/UCSD, 2011) and the University of Kansas (Roberts, 2010), have determined that private disclosures have the potential to become public and so have established training policies regarding personal web pages and blogs. These policies stress that web postings can reflect poorly on a trainee and his or her program and institution; that individuals are not in control of where information may end up; that statements about a variety of personal beliefs have the potential to adversely affect others' opinions; that if an individual self-identifies as being a graduate student in a particular program then that program has a vested interest in how that person is portrayed; that depictions of unethical or illegal behavior may be subject to sanctions; and that postings need to meet legal and ethical guidelines of the profession. These policies encourage students and faculty to proactively consider the perceived professionalism of any postings.

For counseling centers, too, it has become necessary to have explicit conversations about the use of social media by staff and trainees. Such conversations can be challenging in a profession that values privacy and boundaries, where counselors may resist the idea of allowing or exerting control in the private domain of a counselor's life. But private life can have a significant impact on professional activities (Back et al., 2010). For example, if interns post pictures of themselves getting drunk with friends at a party, this act could negatively impact their credibility in working with clients who have substance abuse issues and damage the credibility of the counseling center. In such an instance, having preemptive conversations or even a policy regarding trainees' use of social media would make it easier to convince the interns to remove the posted pictures.

THREE PERSPECTIVES: ETHICAL, CLINICAL, AND CULTURAL

It can be helpful when considering social networking use to view the matter from ethical, clinical, and cultural perspectives. With an *ethical* lens, for example, when deciding whether to gather information about an at-risk client by looking at the student's Facebook page, a counselor might consider APA *Principle B: Fidelity and Responsibility* or *Ethical Standard 4.04,*

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Minimizing Intrusions on Privacy (American Psychological Association, 2010), which suggests a responsibility to inform the client that information was gathered in this way. The *clinical* lens in this scenario would consider such factors as imminence of risk, the clinician's theoretical orientation and experience, the client's diagnosis, and the stage of therapy. Clinical considerations help determine how the use of Facebook information would impact the therapy relationship, safety concerns, and fulfillment of treatment goals. Clinical issues such as whether one interacts differently with a student diagnosed with borderline personality disorder or with Asperger's Syndrome, or with a long-term client versus short-term client, are as varied as the students who enter the center.

The *cultural* lens recognizes the impact of elements such as the clinician's age, social networking familiarity, type of institution (small, private campus or large, urban campus), and whether the clinician works with particular populations such as international or Gay, Lesbian, Bisexual, Transgender, or Queer (GLBTQ) students. Differences in clinicians' familiarity and confidence with social networking and the risks inherent in its use also help determine the suitability of using social media. In addition, a desire to convey professional availability within the university community and perceived demands to "speak the language" of students may influence whether staff and trainees decide to use social media (Mazer, Murphy, & Simonds, 2007).

Should counselors or trainees become Facebook friends when a request comes from a current or former client? Many clinicians or centers might maintain a strict position of no intentional extra-therapy contact, including via Facebook. If so, the therapist would trust that posting this policy or communicating it to the client would be sufficient to resolve the issue. The policy might state: "Because of the nature of my work, which requires maintaining a safe and confidential environment for my clients, I do not friend individuals who are or were my clients." However, other counselors believe there can be clinical or sociocultural value in friending students on Facebook, in which case further consideration is necessary.

APPLICATION OF APA PRINCIPLES

The APA General Principles are aspirational in nature, guiding psychologists to uphold the highest ethical ideals, and as such bear on our discussion. For example, *Principle A: Beneficence and Nonmaleficence* calls on psychologists to do no harm and to guard against personal, social, or political factors that might lead to misuse of influence. According to this principle, if friending our clients enhances their welfare and does no harm, then we might consider doing so. If, however, we might friend one client but not another, or if we feel conflicted regarding whether to raise concerns about

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inappropriate, insensitive or dangerous behaviors depicted on a client's site, we must strive to resolve these conflicts in a fashion that avoids or minimizes harm to our clients. Ultimately, the clinician considering Facebook contact bears the responsibility of proving that clients benefit and no clients are harmed.

Principle B: Fidelity and Responsibility calls on psychologists to establish relationships of trust, to be aware of our professional responsibilities to society and the communities in which we work, to uphold professional standards of conduct, to clarify roles and obligations, to accept responsibility for our behavior, and to manage conflicts of interest that could lead to exploitation and harm. This principle appears to call for informing clients about aspects of the therapy relationship that are not immediately apparent. If the therapist acquires knowledge about a client from Facebook, then maintaining a relationship of trust and appropriate responsibility seems to call for full disclosure. If a therapist finds it difficult to inform clients of Facebook "lurking," then trust and openness are jeopardized and the medium should probably be avoided. On another point, a therapist who accepts a client's Facebook friend request needs to consider how clients viewing personal information about the therapist, such as photos or relationship status, might have an impact on the therapeutic relationship and the treatment.

Principle C: Integrity calls on psychologists to promote accuracy, honesty, and truthfulness in our practice, and to avoid unwise or unclear commitments. A psychologist is thus encouraged to avoid subterfuge or intentional misrepresentation of fact and to acknowledge the full nature of the relationship. As such, if a therapist finds it difficult to inform clients about the practice of friending some clients but not others, or hesitates to disclose the reasons for this selective practice, the therapist should consider possible implications. It is not difficult to imagine a client, Mike, with an Asperger's diagnosis telling another client, Ellen, with depressive and dependency features, that the therapist friended him. If this were to happen, the therapist should be prepared to inform Ellen why she was not friended. Although there may be an argument for preferentially friending some clinical groups, such as those with significant developmental delays or social anxiety, this entire problem can be avoided by having a policy of friending all or none. On smaller campuses in particular, this blanket policy might be the wisest course.

Principle D: Justice calls on psychologists to exercise reasonable judgment and take precautions to not condone unjust practices. This principle may be particularly applicable to social networking decisions, calling on counselors to practice in such a way that all clients have access to and benefit from their services—including Facebook interactions. If, therefore, the therapist friends only preferred or desirable clients, that practice may be viewed as biased, or unjust. Further, because the principle cautions

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against practicing outside the boundaries of one's competence, counselors must determine whether they understand the effects of Facebook interactions on both friended clients and those the counselor chooses not to friend.

Finally, *Principle E: Respect for People's Rights and Dignity* calls on psychologists to respect individuals' rights to privacy, confidentiality, and self-determination, as well as to be aware of and respect cultural, individual, and role differences. With regard to the right to privacy, counselors should consider that special safeguards may be necessary to protect students whose vulnerabilities impair autonomous and self-protective decision making. Full and open conversation about the counselor's use of Facebook might include education about limitations of privacy along with an admission that counselors can get caught up in natural human curiosity about others. If counselors hesitate to have this discussion, that in itself might provide evidence that they are not yet ready to bring social networking into their practice. However, even if a therapist does feel comfortable with full disclosure and feels confident that Facebook use causes clients no harm, the therapist still should assess whether all clients understand the vulnerabilities inherent in social networking communication. The therapist should consider the possibility of overlap between current or former clients, noting that some clients might have strong reactions when made aware that a therapist friended a peer but not them. The client might also become aware that the therapist responded to one friend's "poke" but not to his or her own. In consideration of informed consent, the therapist who friends clients has an obligation to provide information about implications of and possible reactions to this practice.

APPLICATION OF APA ETHICAL STANDARDS

Unlike the Ethical Principles, which are aspirational in nature, the Ethical Standards provide us with enforceable rules for conduct. Although none explicitly address the use of social media, a number of standards have relevance to use of Facebook with clients. *Standard 2.06: Personal Problems and Conduct* calls on psychologists to refrain from activities where there is a likelihood that personal problems will interfere with competently performing work-related duties, and encourages taking appropriate measures to minimize such interference. Thus, material posted on a counselor's Facebook page that suggests personal struggles, such as addiction, would negatively impact the individual's ability to perform as a counselor. In other cases, the material posted on the counselor's Facebook page might not be a problem, and yet the therapist potentially violates this standard by not having appropriate privacy settings.

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Standards 3.02: Sexual Harassment and *3.08: Exploitative Relationships* call on psychologists to avoid sexual conduct with clients or any other form of exploitation. It is not difficult to imagine a therapist or supervisor initiating or accepting a friend request from an attractive current or former client or supervisee, pushing the boundaries of the relationship in a way gratifying to the therapist or supervisor but with the potential to lead to unwelcome or inappropriate sexual behavior. Such friending may seem innocent or friendly to the therapist or supervisor. However, for the client or supervisee, who is the subordinate in terms of power dynamics, this behavior may be experienced as coercive or hostile and lead to simultaneous feelings of discomfort and confusion about the repercussions of unfriending the therapist or supervisor.

Standard 3.04: Avoiding Harm calls on psychologists to take reasonable steps to minimize foreseeable harm to those with whom we work. A therapist who considers engaging in Facebook contact with clients, supervisees, or even colleagues needs to consider whether sharing personal knowledge might cause them harm. For example, if a therapist at the end of a long, stressful day posts messages expressing professional frustration on her Facebook wall, what will be the impact on a colleague at the university who refers students to the Center? And might a client feel overstimulated by accessing details of a therapist's personal life and subsequently regress emotionally or drop out of treatment? Once again, the therapist who engages in Facebook contact bears the responsibility of proving that clients benefit and are not harmed.

Standard 3.05: Multiple Relationships holds the therapist accountable for refraining from entering into a multiple relationship if it could impair the therapist's objectivity or otherwise threaten exploitation or harm. The risks here are that a therapist who becomes Facebook friends with a client could lose objectivity in the treatment or that friending a former client might preclude that individual from engaging in therapy in the future. Some therapists, however, may conclude that given the informal nature of a campus community and therapists' multiple roles with students, being Facebook friends is not unreasonable and does not cause harm. Still others might decide that being Facebook friends on a professional page, rather than a personal page, is an appropriate answer.

Standards 4.01: Maintaining Confidentiality and *4.02: Discussing the Limits of Confidentiality* hold therapists accountable for taking reasonable precautions to safeguard a client's confidentiality and informing clients of the risks to privacy and limits of confidentiality. As such, a therapist needs to consider whether being Facebook friends with a current or former client compromises confidentiality merely by the client's presence as a Facebook friend, or by something the client might post on the therapist's wall. At the very least, the therapist should ensure that clients understand these potential threats to confidentiality. Other therapists, however, may conclude that

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given the multiple relationships that exist on their small campus, becoming Facebook friends with a former client does not necessarily reveal a therapist-client relationship; perhaps the student met the therapist while collaborating on an outreach program.

Standard 7.04: Student Disclosure of Personal Information holds psychologists accountable for not requiring supervisees to disclose personal information (e.g., sexual history, psychological treatment, relationship status) except under circumstances where this disclosure is clearly identified in program materials or when personal factors impede the supervisee's professional performance. In the case of Facebook, a supervisor should consider whether having access to information about a supervisee falls into this category and, if so, a guideline is needed about accessing supervisees' online personal information. This is another reason a supervisor may decide that it is prudent to wait until the supervisory relationship concludes before becoming Facebook friends.

Finally, *Standard 10.08: Sexual Intimacies with Former Therapy Clients/Patients* holds therapists accountable for not having sexual intimacies with former clients for at least two years after the treatment has ended. It is conceivable that maintaining Facebook contact with a client increases the chances of the therapeutic relationship evolving into a personal one. Accordingly, doing so may put the therapist at increased risk of violating this ethical standard.

As we have seen, a number of ethical principles and standards have relevance to decisions about using social networking media with clients and supervisees. After considering these ethical questions, counselors (and readers) should further consider clinical and cultural factors to determine what course is appropriate in a given situation. With these perspectives in mind, we offer several scenarios below in the hope that they may stimulate engaging conversations about this topic with colleagues and trainees. We first wish to reiterate, however, that ethical guidelines, clinical theory, and cultural factors do not dictate an absolute standard regarding the use of Facebook or what should be in it.

Before we proceed to the scenarios, a few further points should be made. We recognize that the majority of counseling center staff members probably have a personal Facebook account (Taylor, McMinn, Bufford, & Chang, 2010) and that doing so has become as culturally normal and expectable as having a cell phone. We assume too that by now most Facebook users know how to set the privacy features on their account (Light, McGrath, & Griffiths, 2008) and have heard and heeded warnings of the dangers of failing to do so. Finally, we suspect that most staff members have been informed that nothing on Facebook is truly private; any person with access to its contents can easily take a "screen shot" picture of any page on the site and make it public (consider Wikileaks).

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Here, then, are our scenarios:

Scenario 1

You are a staff member in a college counseling center whose primary mission is to assist students with their psychological needs. Independent of the counseling center's Facebook page, you have a personal Facebook page for socializing with family and friends. You are aware that nearly all students on campus are frequent users of Facebook, and it is not uncommon for students to friend faculty and other staff members on campus. You consider yourself to be relatively contemporary in your face-to-face interactions with students, and suspect there is value in being perceived as culturally sensitive and accessible to the constituency you serve. You are friended by a current client on Facebook who invites you to accept her friend request or to at least read her Facebook blog on a regular basis. You are then sent a friend request by a former client. Before making decisions, you consult with your colleagues at the center.

Scenario 2

You have become aware of inappropriate or unprofessional content on a trainee's Facebook page. You consult with a colleague on how best to approach this person. You discuss with your colleague the ethical, clinical, and cultural factors you feel might bear on your response. You anticipate that the trainee may insist that the contents of this personal site are none of your business, and that you are overreacting because of your age and lack of Facebook experience.

Scenario 3

A supervisee comes to you and explains that he has been regularly reading the blog of a client who has borderline personality disorder to try and get a better sense of this person. The client has written some unsettling things in the most recent posting and the supervisee wants to know what to do with this information and how to respond to the client.

SAMPLE GUIDELINES

Once again we stress that there are no simple answers for understanding the relationship between counseling center professionals and the use of social media sites. Responses to the preceding scenarios require full awareness of ethical, clinical, and cultural factors, and individual counselors and centers may arrive at different conclusions regarding use. Without dictating final answers, however, we do want to offer some general guidelines for

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using social network sites, guidelines which, in conjunction with the rest of this article, we hope stimulate conversations among counseling center professionals and trainees.

Guidelines

- In all decisions regarding the use of Facebook, counseling center staff should remain cognizant of the public nature of postings. Facebook's privacy settings cannot be fully relied on for protection from public viewing. Counselors should assume *everything* they post online—web sites, blogs, listservs, chat rooms, Facebook—may be read by clients and others within the campus community.
- Counseling center professionals should scrutinize their Facebook site for potentially unprofessional material, or ask friends to do so. They should refrain from posting online commentary about clients or clinical interactions, even if such information is unidentifiable. If in doubt, material should not be posted!
- Counselors should remember that their self-representations on the internet are often researched and viewed by clients. Staff members should establish privacy settings that limit the viewing of their personal information by clients or other students, yet should also consider that privacy settings are not foolproof. A prudent strategy is to create separate personal and professional pages, varying the levels of access as appropriate.
- Requests to be Facebook friends should be discussed with current clients and generally refused unless the staff member does so from a professional page. Requests from past clients should be treated with the same degree of ethical consideration as requests for face-to-face social contacts.
- Supervisors and administrators should recognize the power differential when considering friending supervisees, and certainly should not do so with anyone who experiences the request as coercive.
- Except in emergencies, Facebook, MySpace, and other social networking sites should not be used to research or investigate clients' mental status or whereabouts. In general, staff should avoid looking at clients' pages unless they feel comfortable informing clients they intend to do so.
- Client searches of counselors may range from normal curiosity to criminal stalking. Appropriate responses by counselors might range from a conversation with the client to calling the police. When in doubt, seek consultation.
- When ethical decisions regarding social networking practice are unclear, counseling center staff should not hesitate to consult with a member of the state licensing board who is familiar with ethics and the law.

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