ASPPB Social Media Task Force (SMTF)

Guidelines for the Use of Social Media by
Psychologists in Practice and by Psychology Regulatory Bodies
October 9, 2020

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ASPPB Social Media Guidelines

These social media *Guidelines* were developed for use by psychology regulatory bodies in their efforts to ensure that their publics are being well-served and to provide guidance to the profession when using social media, and to inform them about regulatory expectations for that use. It is important to stress that the mandate of psychology regulation is protection of the public, and these guidelines reflect that purpose and reality. When using social media, members of the profession are called upon to consider their ethical and professional responsibilities and the context in which social media is being used, and then to use their professional judgment accordingly.

It is essential to consider the appropriateness of any modality used in the delivery of services or in professional communication relative to the client to be served. As with any type of modality of service delivery or communication, assuming that social media would be appropriate for use with all clients would be an error in judgment. Consideration of individual issues such as culture, language, access to technology, client comfort and competence with technology, service needs, as well as the professional's competence in using the modality, are all important.

While beyond the scope of the Task Force charges, an important corollary to the issue of appropriateness of the modality is that of equitable access to psychological services. It is important to recognize and acknowledge that access to tele-services and/or to social media may not be possible for all, especially those who are members of low income, minority, or marginalized groups. It is incumbent upon psychologists to consider this reality within the context of providing services via technology, and to ensure that access to competent psychological services is not unintentionally limited for some. It is essential in providing guidance to the profession that an awareness of disparity in terms of access to care is highlighted, that it remains a topic of conversation, and that the profession and the psychology regulatory world work to mitigate this reality.

Confidentiality:
- Psychologists who use social networking sites need to be familiar with, and utilize all available privacy settings to reduce risks to confidentiality.
- Psychologists must be respectful of client privacy. Therefore, it is important that psychologists exercise caution and consider the appropriateness of searching social media sites for client information without the client's permission and their informed consent.
- In general, psychologists are required to maintain the confidentiality of client protected information. There may be justifiable exceptions to the rule of confidentiality.
- Psychologists develop social media use policies that address such issues as informed consent, privacy, and how and if social media will be used in their work.

Informed Consent:
- Psychologists must ensure the competence of potential clients to provide informed consent.
- When engaging those unable to provide consent, psychologists must seek informed consent from those legally entitled to provide consent.
- Elements of informed consent include explanations of:
  - the possible benefits and risks in using social media to communicate.
  - emergency procedures that will be followed when or if the psychologist is not available.
  - a back-up plan if communication over social media is compromised or fails.
  - the risk of loss of security and confidentiality with the use of social media.
  - other modes of communication or service delivery that were discussed and that the client agrees to use social media.

(See **Appendix C** – Example of Informed Consent Disclaimer)

Risk Management:
- Psychologists are advised to have a social media policy (See **Appendix D** – Sample of Social Media Policy) that explains whether, to what degree, and how they will use social media in their provision of services. This policy is clarified in consent forms and in discussions with clients.
- Psychologists clarify on their social media sites the jurisdiction(s) where they are licensed to practice, so that it is clear that the intent is not to practice outside of the license scope.
- Psychologists avoid conflicts of interest regarding personal, financial, social, organizational, or political opinions when they use social media in a professional capacity.
- Psychologists manage access to their professional social media and are responsible for those who may access the accounts.
- Psychologists use trusted and secure networks to access professional social media accounts.
- Psychologists use encryption when sending protected and private information over social media when feasible.
- Psychologists understand the privacy settings on every application that is used by them in their practice.
- Psychologists are mindful that any social media post or communication may be forwarded to other recipients.

Multiple Relationships:

- Psychologists are responsible for connections they initiate through social media and for knowing whether or not these connections constitute multiple relationships. If the connection might constitute a multiple relationship, the psychologist considers whether the relationship could be potentially harmful.
- Psychologists attempt to minimize the risk of problematic multiple relationships by keeping their personal and professional social media presences separate.

Competence:

- Psychologists familiarize themselves with ethical and legal requirements regarding the use of social media.
- Psychologists maintain current knowledge and skills pertaining to the social media technologies they are using.
- Psychologists evaluate the appropriateness of using specific social media with each client.
- Psychologists ensure that anyone working for them within their practice, and who use social media as part of their work, have adequate training in the appropriate use of social media.
- Psychologists ensure that they have a full understanding of the risks the use of technology presents to the security and confidentiality of client personal health information.

Professional Conduct:

- When using social media within a professional context, psychologists consider the words used and the impact their communications might have on the public's confidence in the profession.
- Psychologists are responsive and timely in their responses when using social media in their professional work.
- Psychologists are respectful in *what* they communicate and in *how* they communicate when using social media in their professional work.
- Psychologists are respectful of professional boundaries, culture, and preferences when using social media.
- Psychologists accurately represent themselves in all social media communications.
- Psychologists seek to correct any misinformation regarding their social media presence.
- Psychologists accurately represent and document the work performed via social media, and maintain records of their professional social media communications, including maintaining all emails and texts with clients for durations consistent with their jurisdiction's requirements.

Security of Information:
- Psychologists delegate responsibilities for social media activities only to individuals who can be expected to perform them competently on the basis of their education, training, or experience.
- Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control relating to their professional social media use.
- Psychologists use security measures to protect information kept on social media that is vulnerable to loss, damage, or to inappropriate access.
- Psychologists maintain up-to-date knowledge of all individuals, devices, and accounts used in their professional social media practice.

Personal Use of Social Media:
- Psychologists ensure they have a working knowledge of privacy settings available on any social media platforms used.
- Psychologists are cautious about making posts to public comment sites, especially those related to their worksite / employer.
- Psychologists strive, to the extent possible, to maintain their personal online presence distinct from their professional online presence.
- Psychologists maintain clear boundaries between their professional and personal social media accounts.
- Psychologists are aware of any existing social media policies within their organization or practice group (e.g., rules about promoting the organization or practice group via social media).

(See **Appendix E** – Social Media Vignettes)

Regulatory Body Use of Social Media:
- Psychology regulatory boards/colleges develop and implement clear policies regarding social media and its use in regulatory work.
- Regulatory bodies ensure that all employees are familiar with the social media policies and expectations with regard to access and use of social media platforms.
- Regulatory bodies ensure that all employees are trained in the various social media platforms that are used by the board or college.
- Regulatory bodies ensure that all employees have a working knowledge of the privacy settings on the social media platforms used.
- Regulatory bodies manage access to any of their social media accounts.
- Regulatory bodies use trusted and secure networks to access agency social media accounts.

- Regulatory bodies understand the privacy settings on any social media applications used in performing regulatory functions.
- Regulatory bodies use security measures to protect information kept on social media platforms that is vulnerable to loss, damage, or to inappropriate access.

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APPENDIX A – Glossary of Terms

Competent – being qualified to practice in terms of possessing the necessary skills, knowledge and attitudes of the profession, and consistently applying these to practice. When using social media in practice, psychologists also must ensure competency in the delivery of services using this modality.

Confidentiality– ensuring the security of client personal information, including personal health information, and to only share such information with informed consent. Within a social media context, it is necessary to ensure that information is properly secured through encryption, privacy settings, and the use of secure storage sites.

Email – electronic or digital mail sent via the Internet.

Facebook – a popular social networking website that allows registered users to create profiles, to upload photos and videos, and to send and to receive messages from other users.

Friending - the act of connecting one account to another's account in an online social or professional network (especially on Facebook).

Following – the act of connecting to an account or topic within a social media platform, such as Twitter, Instagram, and sometimes Facebook.

Informed Consent - a process in which a psychologist educates a client about the risks, benefits, and alternatives of a given procedure or intervention, and seeks their explicit agreement before proceeding. Within the context of service delivery via technology, the risks and benefits of using the technology, and alternatives for service delivery would be important in obtaining informed consent.

Instagram – an online photo-sharing application and social network platform.

Internet Presence – the existence of personal, professional, or organizational information that is web-based and searchable.
LinkedIn – a professional and business oriented social networking site.

Listserv – a form of email communication used by registered subscribers to send messages though a designated server to other registered subscribers.

Livestream – live video broadcasting or streaming via the Internet using videoconferencing software.

Online Consultation - asking for or providing an opinion on one or more specific topics to someone via the internet.

Online Therapy – any type of therapeutic intervention delivered via the Internet.

Personal Use of Social Media - Use of social media by an individual for the purpose of connection with other individuals such as family, friends, work colleagues, or people with mutual interests.

Privacy - clients have a right to control access to their personal information, and to be free from intrusion or interference. Within a social media context this means that psychologists recognize that it is important to respect that right and, to consider carefully the appropriateness of searching social media for information about clients.

Professional Use of Social Media – the use of social media in a professional role.

Snapchat - a social media site that allows subscribers to send to other subscribers, messages, videos, and pictures that later disappear (if they are not saved).

Social Media - social media is an umbrella term that includes the various activities that integrate technology and social interaction such as texting, email, instant messaging, websites, microblogging (e.g., Twitter), and all forms of social networking.

Social Media Presence - existence of a personal, professional, and/ or organizational account on any social media platform(s).

Social Networking – communication with others with common interests via web-based or electronic social media.

Technological Competence – an understanding of social networking and social media, and the technology that supports these. Competence also applies to communicating via technology including using appropriate language and etiquette.

Testimonials - written or verbal statements attesting to the qualifications or value of someone or a service.
Text Messaging - the exchange of brief written messages between electronic devices.

TikTok – a social media platform for creating, sharing and discovering short music videos.

Twitter - a social networking microblogging service that allows registered members to post brief text messages called "tweets".

Video Conferencing - meeting or conferencing among people in multiple locations using video and audio telecommunications.

Web Conferencing – see videoconferencing.

Website – a collection of related networks of web resources, such as webpage multimedia content, which are typically identified with a common domain name and published on at least one webserver (e.g., Wikipedia).

WhatsApp - a messaging service that lets subscribers cite, text, chat, and share media, including voice messages and videos.

YouTube - a popular video sharing website where registered users can upload and share videos with anyone able to access the site.

APPENDIX B – Codes Relevant to Social Media Use

Confidentiality
- ASPPB Code – F.2, F.6, F.7, F.11
- APA Code - 4.01 – 4.07
- CPA Code - 1.03 – 1.05

Informed Consent
- ASPPB Code – F.2, F.3, F.6
- APA Code - 3.10
- CPA Code - 1.16 – 1.21, 1.27, 1.30 – 1.40 and III.13 – III.15

Risk Management
- ASPPB Code – Sections A, B, C, D, E and F
- APA Code - Principle A, 3.06, 4.01 and 5.01
- CPA Code -II.37 and II.44 – II.45

Multiple Relationships
- ASPPB Code – B.1, B.2
- APA Code – 3.05
- CPA Code – 1.26, II.28 – II.31 and III.28 – III.31

Competence
- ASPPB Code – Section A (especially A.4)
- APA Code – 2.01, 2.04, and 5.04
- CPA Code – II.1 – II.14, II.16, II.18, II.21 – II.23, II.56, III.35, IV.15, IV.18 and IV. 24 – IV.28

Professional Conduct
- ASPPB Code – Sections A, C, D, E and F
- APA Code – 2.01, 2.04, and 5.04
- CPA Code – III.1 – III.8, IV.4, IV.8 and IV.10 – IV.11

Security of Information
- ASPPB Code – Section F
- APA Code – 4.01, 2.05 and 6.02
- CPA Code – II.6, II.21, II.56 and III.37

APPENDIX C – Example of Informed Consent Disclaimer

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. (Oregon Board of Psychology, 2018)**

> ** It is important to stress that informed consent is a process that should be engaged in with the client and is not a form. Use of a form of any type should be seen as only part of the informed consent process and not the process itself.

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.
(Oregon Board of Psychology, 2018)

APPENDIX E – Social Media Vignettes

Vignette #1

A psychologist in a moment of anger and poor judgement 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. She makes a complaint to the regulatory body, and provides the text as evidence in the complaint.

Analysis: Texting creates a record of one's statements and in sending a text even if it is intended to be private/personal, one needs to be prepared that it may become public. Diagnosing his ex-wife is inappropriate as she is not his client, nor should she be his client, given their past marital relationship. It is also an ethical issue since, presumably, he has not formally assessed his wife, and direct assessment is required in establishing a diagnosis.   Psychologists need to remember that all communication potentially could become public and therefore open to scrutiny.

Vignette #2

The brother-in-law of a psychologist tags him on a Facebook post. The pictures were taken at the psychologist's bachelor party and consisted of photos of the psychologist posing suggestively in various states of intoxication.

Analysis: Psychologists need to be cognizant of the fact that, ultimately, they may be held responsible for any representation that reflects badly upon the profession, even one that they did not post themselves or did not intend to be public. While likely this particular situation would not constitute an ethical infraction, it could potentially harm the psychologist's reputation among colleagues and clients who may see such posts.

Vignette #3

A psychologist complains on a professional listserv about an insurance company's reimbursement rates, that she feels are low, and about the company's response time.

Analysis: Public criticism of another agency or provider while not necessarily unethical is unprofessional and may reflect badly on the profession. Further, if clients somehow get access to the post, they this may negatively impact the therapeutic relationship.   It is important to give consideration to whether posting to a listserv is the most appropriate way to address one's concerns.

Vignette #4

On a public Linked In group, a psychologist asks for help in the treatment of a client with a borderline personality disorder diagnosis, and states in the post "I just had my session with her." He provides de-identified information about the session. The client immediately responds to the post, self-identifying that she is that client and thanking the psychologist for taking care of her.

Analysis: We have no way of knowing whether our own clients or clients of other psychologists are in our Linked In groups. The Linked In group was public, and the psychologist should have known this. Additionally, the psychologist used identifying information ("i.e., "and I just had my session with her."), which may violate confidentiality. In this case, a competence issue created the venue for several ethical violations to occur.

Vignette #5

A psychologist working in a small remote community complains on her private Facebook page that she is sick and tired of working with victims of domestic violence as in her opinion they just "whine" and then return to their relationships to experience the violence all over again. One of the psychologist's "friends" shared the post with a friend who happens to work for a local shelter and was previously the psychologist's client. A complaint was lodged with the regulatory body.

Analysis: The psychologist should not have assumed that her comments would be kept private. This reflects badly on the profession, is unprofessional and inappropriate, and is potentially harmful to the ex-client.

Vignette #6

A Psychologist gave her distressed client her personal cell phone number and told the client that he could contact her after hours or between appointments in an emergency if he needs to. The client texts the psychologist on a Friday evening at 11 p.m. indicating that he really needs to talk. The psychologist does not respond as she has had a hard week and feels that she has a right to some down time. The client texts back to her that she feels abandoned by the psychologist.

Analysis: The psychologist has set up the unreasonable expectation that she will be available all of the time - issue of boundaries. An unintended consequence of social media is that it supports the blurring of boundaries between personal and professional lives. The psychologist also is using her private phone for client contact which could potentially become a breach of the client's confidentiality and privacy.

Vignette #7

A psychologist is running late to arrive at his office for a session, so he texts his next client to let her know that he'll be late for their "meeting". The client's daughter is playing a game on her mother's phone and sees the message.

Analysis: Informed Consent issue: Does the Psychologist have informed consent from the client to send messages via texting? Risk Management issue: Has the Psychologist discussed with the client how to keep her confidential messages safe from other's eyes? Security of Information issue: Has the Psychologist ensured that the text message will not be accessed from his phone by unauthorized persons (his family, partner, etc.)?