

Counseling and Human Development

Legal and Ethical Issues Surrounding the Use of Social Media in Counseling

David M. Kaplan, Michelle E. Wade, John A. Conteh, and Erin T. Martz

A friend of mine watched for several minutes as her 20-year-old daughter exchanged text messages with a guy friend. "Why don't you just call him?" my friend asked. Without looking up, her daughter replied, "But what would we talk about?"

— Washington Post letter to the editor, August 11, 2010.

Texting. Twitter. Facebook. IM. Google+. Apps. Loopt. Second Life. LinkedIn. Chat roulette. Yelp. Foursquare. Such is the brave new world of the internet's web 2.0 (see "Web 2.0," 2010), and professional counselors and their clients are taking advantage of these new avenues of communication. As a result, many counselors are finding that their private and professional lives can become all too enmeshed and comingled when using social media. This article is meant to help practicing counselors think through the ethics of web 2.0 applications, both with their clients and in their private lives.

WHY COUNSELORS NEED THIS ARTICLE

There are now more than four million online counseling websites (Haberstroh, 2009), and counselors are corresponding with their clients electronically in significant—and increasing—numbers (Dubois, 2004). There is evidence that clients are benefiting from these interactions. A study by Leibert, Archer, Munson, and York (2006) found two significant advantages of electronic correspondence between client and counselor. First, online clients thought that electronic interactions with their counselor produced less anxiety with self-disclosure, especially during the beginning sessions. Second, cyber clients thought that the anonymity of corresponding electronically increased feelings of emotional safety. Leibert et al. concluded that electronic correspondences may be particularly useful for clients "who are especially sensitive to the presence of others, who have experienced emotional trauma, social marginalization, or judgment from others" (p. 81). A large-scale internet project involving 80 counseling professionals in Germany also found that online

Dr. Kaplan is chief professional officer of the American Counseling Association. Ms. Wade and Mr. Conteh are doctoral candidates in the Counselor Education and Supervision program at Argosy University. Ms. Martz is director of ethics and professional standards of the American Counseling Association.

clients benefited from psychological anonymity (Schultze, 2006). This multiyear initiative found that clients who communicated by email felt protected because they were surrounded by the familiarity of their own home and could be "invisible" (p. 623). This invisibility allowed online clients to feel protected from shame because they did not have to actually look at the counselor while they were exploring issues and feelings. Clients also reported that they appreciated the opportunity to think about their responses rather than having to spontaneously react to their counselor in the moment. Schultze stated that these factors combined in the virtual environment to lower client resistance and promote a willingness to change.

Zabinski, Celio, Jacobs, Manwaring, and Wilfley (2003) investigated the use of a counseling chat room with women who were at risk of developing an eating disorder. Participants engaged in a weekly chat around a chosen topic (e.g., media influences on body image, coping strategies, trigger situations). They were also assigned homework (e.g., keeping a food diary, identifying thought patterns, documenting

changes) and were encouraged to post their completed assignments to a message board. Weekly chat summaries were emailed to all participants. Zabinski et al. found that 86% of the counseling chat room participants were either satisfied or very satisfied with the experience and that 79% felt that the chat room was preferable to face-to-face counseling sessions. Ten weeks after the study had ended, chat room participants recorded significant reductions in eating disorder-related behaviors and issues as compared to a control group.

Cook and Doyle (2002) studied whether the critical counselor-client relationship could be established electronically with clients. Fifteen clients using chat or email as the method for communicating with their counselor completed the Working Alliance Inventory (Horvath & Greenberg, 1989). The study concluded that "working alliance levels demonstrate that participants felt a collaborative, bonding relationship with therapists, and comments overwhelmingly indicated participants' belief that online therapy was a positive experience with unique advantages over face-to-face counseling" (p. 102). Finally, a meta-analysis of 64 studies investigating the effectiveness of internet-based interventions (including the use of email and chat) was conducted by Barak, Hen, Boniel-Nissim, and Shapira (2008). The authors found a medium effect size and concluded that using the internet with clients was "as effective as face-to-face interventions" (p. 147).

In summary, counselors need this article for two reasons. First, four million plus websites can't be wrong—clients now expect counselors to communicate with them electronically, whether it be by email, chat, texting, Facebook, or other social media. Second, a body of knowledge indicates that clients benefit from cyber-communication with their counselors. As such, professional counselors are going to be interacting more and more with clients through a variety of social media applications. These digital forms of communication are bringing up unique ethical dilemmas for practicing counselors for which, to date, there has been little guidance.

WHAT TYPES OF COMMUNICATION ARE WE TALKING ABOUT?

The pace of change in electronic communication has been dizzying. It was not very long ago (at least in the eyes of the senior author who remembers having to use punch cards rather than a keyboard to talk to a computer) that email was the sole means of electronic communication between counselor and client. Those who have been in the counseling profession for a while may remember that email was hailed as a method that would free up a substantial amount of time because, unlike the telephone, you could wait and respond to email at your leisure. Those days (if they ever

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existed) are obviously long gone, and clients now expect us to respond to emails quickly. Because email has been available for so long, it has become the traditional method for electronic counselor–client communication.

At some point, people realized that electronic correspondence could be done in real time, and thus was born online chat. Chat was originally developed for business purposes as Internet Relay Chat in 1988 and debuted as a tool for personal communication by America Online in the early 1990s. Online chat is simply a real-time conversation conducted over the computer (encyclopedia.com, n.d.). Chat can occur through such common chat programs as AOL Instant Messenger, Google Talk, Internet Relay Chat, and Yahoo! Messenger. The web addresses for these applications and for useful counseling related and social media related websites are listed in the Appendix. Chat opened the doors for more layered types of social networking through dedicated social media websites (e.g., Facebook, LinkedIn, Google+, MySpace, Orkut, Twitter, and blogs).

Coyle and Vaughn (2008) defined social networking as “the use of a specific type of Web site focused on the creation and growth of online social networks which allows users to interact” (p. 13). Social networking has now clearly become an integral part of the fabric of our society. According to the website Social Media Statistics (www.socialmediastatistics.wikidot.com), almost 40 million people visit Facebook each month. In addition, Social Media Statistics reported that there are more than 30 million LinkedIn users (with almost a third of them over age 45), and that Twitter users send three million tweets each day. Ten million people signed up for Google+ within the first 30 days of its beta test (Dudley, 2011), and Orkut has developed more than 45 million communities in fewer than 5 years after its launch (Singh, 2008). For counseling clients with substance abuse issues, there are now 12-step email and chat meetings (see Online Intergroup Alcoholics Anonymous, n.d.). Focusing on the world of professional counselors, the American Counseling Association blogs (<http://my.counseling.org>) receive almost 20,000 views each month (R. Daniel-Burke, personal communication, June 7, 2010).

The latest cyber-communication application (at least as of the writing of this article) is the creation of online virtual worlds. A virtual world is “a genre of online community that often takes the form of a computer-based simulated environment, through which users can interact with one another and use and create objects” (“Virtual world”, n.d., para. 1). Virtual worlds allow individuals to form “new kinds of relationships and [live] new kinds of lives outside bodies in entirely re-imagined selves” (Daniel, 2008, abstract). Virtual world users currently number in the millions (Yee, Bailenson, Urbanek, Chang, & Merget, 2007), and it is estimated that one billion people will interact in virtual worlds by the

end of this decade (Daniel, 2008). Mental health professionals are now employing virtual worlds in the treatment of Asperger syndrome (Mangan, 2008), combat-related PTSD (Reger & Gahm, 2008; Wood et al., 2009), and the emotional aspects of physical disabilities (Chen, Jeng, Fung, Doong, & Chuang, 2009).

Though numerous online virtual worlds have been created in recent years, one of the most widely used platforms is Second Life, and professional counseling has a presence. Marty Jencius, an associate professor of counseling at Kent State University, started the annual Virtual Conference on Counseling in 2009. Geared toward counseling practitioners, counselor educators, and graduate counseling students, this conference uses the Second Life platform and bills itself as “a one-of-a-kind live counseling conference that you can attend free of charge from your desktop computer” (M. Jencius, personal communication, September 8, 2010). The Virtual Conference on counseling extends over 4 days and provides more than 40 online presentations. Examples from the 2010 conference included *Factors Related To Severity and Prognosis in Mood Disorders*, *The Effectiveness of Art Therapy*, and *Publishing Your Book in Counselor Education*. As would be expected, there were numerous presentations on the interface of cyber technology and counseling, such as *Using Arts Processes as Psychological Tools in Second Life*, *Counselor TV: Creating a Streaming Television Channel*, and *Technologically Mediated Relationship Changes*.

A WORD ABOUT GENERATIONAL DIFFERENCES

It is easy to assume that only younger counselors or graduate counseling students have integrated social media into their lives to the extent that they need to worry about the issues that are covered in this article. After all, the Beloit College mindset list for the class of 2014 stated that college students who were born in 1992 “will be armed with iPhones and BlackBerries, on which making a call will be only one of the many, many functions they will perform” (“Mindset List,” n.d., para. 4). In a study of 433 undergraduates, Peluchette and Karl (2008) found that college students are now “heavy users of social networking sites, with 80% using at least one site or more ... and more than 50% logging on to their site at least once a day” (p. 96). Research has found that young people have between 150–200 friends on their Facebook page (Ellison, Steinfield, & Lampe, 2007) and have a “reckless tendency to post anything and everything on one’s profile” because they wish to “make a conscious attempt to portray a particular image” (Peluchette & Karl, 2010, pp. 30, 35).

So it is clear that the Millennials (the generation born after the mid-1970s) are into texting, blogging, instant messaging, Twitter, and Facebook. However, it should be noted

that older counselors are increasingly using social media and thus need to be concerned about ethical issues that arise with clients in this area. A 2010 Pew internet study found that individuals aged 55–64 had increased their use of social networking sites by 88% (from 25% to 47%) in the past year and that those over 65 had increased their social networking usage 100% (from 13% to 26%) (Priest, 2010). In fact, the most rapidly growing segment of Facebook is women aged 55 and older (*All in the Facebook Family*, 2009, p. 1).

Why are older Americans getting into social networking? Mostly, it seems, to keep up with (and monitor) their kids and grandchildren (*All in the Facebook Family*, 2009). As quoted in a CNN.com article, one grandmother, Margaret Brooks, joined Facebook because it was the only way that she could view her grandson's artistic endeavors. Ms. Brooks stated that she initially thought her grandson would not want to friend his grandmother. To her surprise, she found that "he did, and every time I send something to him he sends something to me" (*All in the Facebook Family*, 2009, p. 2). So, even those counselors in the Baby Boom and Silent Generations who are using social networking simply to keep up with their family need to review the concepts within this article, as clients will seek them out once they establish a social media presence.

LEGAL ISSUES

Counselors are not often accused of malpractice or sanctioned by licensing boards or professional associations. In fact, "the relative infrequency of censure ... suggests that formal accusations of questionable behaviors are rare" (Wheeler & Bertram, 2008, p. 1). So the authors do not want to overemphasize the use of the law and threats of sanction in deciding whether and how to electronically interact with clients. However, Wheeler and Bertram pointed out that counselors have had complaints lodged against them "based on e-mail being sent to the wrong person, voice mail being inappropriately overheard and computerized records landing in the wrong place" (p. 76). We are also aware of a case where the Ohio Counselor, Social Worker, Marriage & Family Therapists Board sanctioned a licensee for activities related to her Facebook account (Kelly, Hoffman, Adamson, & Bradley, 2010). As such, it is prudent for professional counselors to keep legal and regulatory issues in mind when interacting with clients through social media.

Licensing Laws

Is corresponding with clients through social media legal? It is clear that state licensure boards are still feeling their way and adjusting to the use of electronic communications in counseling. In a survey conducted for this article, the authors were able to identify 24 counseling boards (Alabama,

Alaska, Arizona, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, New Hampshire, North Dakota, Oklahoma, Rhode Island, South Dakota, Vermont, and Wyoming) that report an absence of any law, rule, or regulation addressing the use of the internet with clients. It is therefore assumed that these states treat electronic messages between counselor and client the same way that they treat face-to-face communication.

Our survey also found an additional 10 states (Arkansas, California, Iowa, Kansas, Minnesota, Nebraska, New York, North Carolina, Ohio, and Utah) that do regulate electronic communications for counselors, but only within their particular state. As an interesting example, Arkansas has an addendum to their licensure requirements specifically geared towards technology assisted therapy: The Technology Assisted Counseling Specialization license requires additional education and supervision (C. Horn, personal communication, May 2, 2011). The regulations of the 10 states above focus on ensuring that nonlicensed individuals do not attempt to circumvent licensing requirements by claiming that counselor licensure laws, rules, and regulations in that jurisdiction apply only to face-to-face counseling. As such, if you live in Arkansas, California, Iowa, Kansas, Minnesota, Nebraska, New York, North Carolina, Ohio, or Utah, it is particularly prudent that social media posts involving clients fall within state guidelines for face-to-face counselor–client interactions.

Finally, we were able to identify four states (Maryland, New Mexico, Tennessee, and Virginia) which specifically state that they do not support electronic communications under their scope of practice for professional counselors. One licensing board, New Mexico, reported that a counselor found to be engaging in electronic counseling could be sanctioned. Therefore, if you live in Maryland, New Mexico, Tennessee, or Virginia, we recommend checking with your state licensing board to ensure that the use of social media with clients does not place you in legal jeopardy. Website addresses and contact information for all state counselor licensure boards are available on the ACA website at <http://www.counseling.org/Counselors/LicensureAndCert.aspx>

As mentioned earlier, state counseling boards are still in the early stages of developing their rules about the use of social media communications between counselor and client. As such, it is recommended that licensed counselors who use Facebook, LinkedIn, Twitter, or other social media check with their state licensing board on a periodic basis to stay updated on current rules and regulations about using web 2.0 applications.

When states approve of electronic communication between counselor and client, does the professional counselor need to be licensed in the client's jurisdiction? According to our

survey, the consensus is that state licensing boards want counselors to be licensed in the state where the client resides. Nancy Wheeler, one of the foremost attorneys specializing in counselor law and the risk management attorney-consultant for the ACA Insurance Trust, stated that this is because counselor licensing boards want to have control over practitioners practicing in their state—in person or electronically—in order to protect the public. In order to maintain control and maximize public protection, consumers need to be able to lodge complaints against practitioners in their home jurisdiction (N. Wheeler, personal communication, December 13, 2010). The only way to ensure this is to have the counselor licensed in the state in which the client resides.

HIPAA

HIPAA (the Health Insurance Portability and Accountability Act of 1996) needs to be attended to when interacting with clients through social media. The biggest issue revolves around the “potential for a breach of confidentiality or invasion of privacy [that could] cause legal problems” (N. Wheeler, personal communication, December 13, 2010). However, there is no reason to let HIPAA regulations scare you away from using web 2.0 applications in your practice, as the standards are quite general and no therapists have been accused of violating the regulations through the use of electronic media (Ridgewood Financial Institute, 2010, p. 3).

HIPAA applies to a client’s “individually identifiable health information” which includes “the individual’s past, present or future physical or mental health or condition; the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual” (United States Department of Health & Human Services, 2003, pp. 3–4). Therefore, one method for avoiding potential conflicts with HIPAA is to make sure that social media contact with a client does not contain session-related disclosures or diagnosis and treatment information. A second method for addressing HIPAA privacy requirements is to get written permission from your client to interact informally through Facebook, text messaging, and other electronic methods since HIPAA permits clients to authorize nonroutine disclosures (N. Wheeler, personal communication, March 13, 2010). This can be incorporated into your informed consent document or completed as a separate agreement.

ETHICAL ISSUES

Counselors face a number of ethical dilemmas when interacting with clients through Facebook, Twitter, instant messaging, Google+, or Second Life. Some of these dilemmas, such as, “Should I friend or not?” and “If I text with a client, does that mean I have to have my phone with me

24/7?” are new and idiosyncratic to social media. Others, such as, “What can I post?” and “What does my client have the right to know about social media?” are twists on traditional areas within counseling ethics. This section will examine ethical issues in the areas of confidentiality, confirmability, boundaries, and informed consent that can arise when professional counselors use social media.

Confidentiality

It has been said that confidentiality is the cornerstone ethic of the counseling profession (Kaplan, 2003). However, you would not necessarily know that by reading messages sent through social media and other electronic forums by professional counselors and counselors in training. One of the most egregious violations is to use counseling listservs such as counsgrads (for graduate students), cesnet (for counselor educators and supervisors), icn (for school counselors), and counselors@yahoo.com (for mental health counselors) for case consultations. As an example, a message was posted on cesnet in November of 2010 that began, “I have a 12 year old male client whose mother brought him into counseling because of ...” The counselor then went on to request activities that she could use with the client. A dozen listserv members responded with specific techniques and approaches that they recommended for this particular client.

Many counselors are under the mistaken impression that it is permissible to present (and respond to) aspects of a case on a counseling listserv as long as the client’s name is not given. This is not the case (no pun intended). Information shared by a client and our clinical impressions are as confidential as the name of the client. Therefore, describing a client’s presenting problem, diagnosis, or your treatment approach through listservs—even if you do not give the client’s name—is a violation of confidentiality. Think of it this way: listservs are public forums and are therefore open to anyone, regardless of their background. There are probably a lot of noncounselors lurking on cesnet, counsgrads, counselors@yahoo.com, and other electronic discussion venues. As such, presenting case material through electronic forums is like going to a street corner and asking the people who pass by for a consultation. Your clients would probably no more appreciate being discussed on a listserv than they would on a street corner, even if their names were not used.

It is imperative that professional counselors protect confidentiality when interacting with clients directly through social media. Haberstroh (2009) suggested that counselors avoid public terminals and internet hotspots when communicating electronically with clients because “sniffing” programs can be used to capture and decode information that is transmitted over both wired and wireless networks. Professional

counselors should also take precautions to protect online communications through encryption and segregated storage whenever possible.

Strategies to protect the counselor's privacy can be used with social media. Facebook has a privacy setting which allows a counselor to hide from specific individuals (such as clients) who have joined their group or "liked" their page. Twitter allows one to protect tweets in order to control who has access to the newsfeed. However, once allowed access to the feed, followers can see who is also following the feed. Therefore, if those individuals do not have their tweets protected as well, privacy is at risk. Kolmes (2010) told this cautionary story:

My awkward moment occurred when I tried to use my friend network to publicize my practice on Twitter. I Tweeted on my locked, personal account that I was running a support group. A friend Retweeted it to his group of several hundred followers. While I appreciated his publicizing it to so many people, I felt exposed. (p. 6)

Boundaries

Many counselors are under the mistaken impression that the ACA *Code of Ethics* prohibits dual relationships. It does not. In fact, the current edition does not even mention the term. Instead, it speaks to evaluating whether nonprofessional interactions are beneficial to the client (ACA, 2005, p. 5, section A.5.d.). As such, the ACA ethics code provides flexibility and permits counselors and clients to communicate through social media as long as these interactions are clearly helpful to the client. Therefore, it is not an issue of whether you can use social media as a professional counselor but, rather, how to do so in ways that are in the best interest of your clients and provide appropriate boundaries. Of course, just because you have the option of utilizing social media does not mean you are obligated to do so. In the fall of 2010, counselors@yahoo.com asked participants if they wished to consider moving the listserv to Facebook. The consensus was to keep counselors@yahoo.com as a moderated listserv. One counselor wrote, "I believe that there are way too many privacy issues to make [moving counselors@yahoo.com to Facebook] an option. My clients don't know about discussions like this but they all know how to access Facebook" (Suttle, 2010).

So what are some recommended best practices for setting appropriate boundaries surrounding the use of social media in counseling? All of the ideas that follow focus on one concept: Clearly define when you are using social media in your professional capacity (Kolmes, 2009a).

- Create separate professional Facebook, Twitter, and other web 2.0 sites and accounts, and always correspond with clients or send messages related to the counseling profession through these accounts. This

helps create an appropriate counselor-client boundary between your professional and private life.

- Reserve your professional name (i.e. Jane Smith, LPC; Jane Smith, NCC; or Dr. Jane Smith) for social media messages sent through your professional accounts. This helps create appropriate boundaries between your personal and professional posts.
- Use privacy settings on your private social media accounts so that clients who google you cannot see personal posts and pictures.
- Avoid creating embarrassing user names in your personal accounts. Do you really want to leave open the possibility of a client learning that you are "Sweetcheeks21"? In the same vein, think twice before posting statements or pictures that might embarrass you in your personal social media accounts. While privacy settings can help prevent clients from viewing your personal pages, there is no guarantee, since friends may repost your pictures and posts on their page.
- If you choose to use instant messaging and Twitter with clients, provide clients with a written policy on the specific hours and anticipated response time to text messages. Otherwise, clients may expect you to instantly respond at any hour of the day or night. You do not want clients becoming frustrated that you are not responding in real time like their close friends do or—in the worst case scenario—a suicidal client texting you with the expectation of an immediate response.
- Avoid searching for or making unsolicited visits to a client's Facebook, LinkedIn, or other social media page. If you do not want your clients searching for your personal social media pages, it is a good bet that many clients do not want you searching for theirs. Clients want to be in control of what they disclose to you, and uninvited visits to their Facebook page or other social media sites may be seen as a violation of trust.
- Determine whether your agency, school, or institution has a policy on employee use of social media, and do not violate the rules. Some employers prohibit the use of social media in the workplace in order to protect client and organizational privacy, promote efficiency, and conserve bandwidth (Jencius, 2009).

Given the ubiquitous nature of Facebook and Twitter, the issue of whether to friend, follow, or be followed by clients, supervisees, K-12 students (if you are a school counselor), graduate students (if you are a counselor educator), or research participants is a critical boundary issue for professional counselors. Kolmes (2009a, 2009b) recommended not doing so because friending and following can easily lead to a breach of confidentiality, given the number of other individuals

who are also friending or following you or your client. The authors of this article agree. Our opinion is that engaging in friending and following those whom we serve, supervise, teach, or collect research data from crosses appropriate boundary lines because it implies a personal relationship: that you are available after work hours and that you will share personal information, leading to inappropriate self-disclosure. In addition, friending or following can raise abandonment issues when unfriending or unfollowing after termination. In order to promote a positive counseling relationship, we do suggest both acknowledging the request to friend or follow and explaining that the declination reflects your social media policy and therefore is not personal.

Because of the potentially risky nature of friending and following in the realm of social networking, the authors suggest an alternative. Facebook allows individuals to establish pages as "groups" rather than "individuals," which enables the administrator to employ a far greater range of security. Though there are three levels of groups (open, closed, and secret), we recommended that counselors establish a "secret" group; doing so will ensure that the group cannot be found by random internet searches and will prevent non-members from viewing any information about the group or its members. Members of the group will be able to see the names of other members, but individual privacy settings will remain intact, safeguarding their personal information.

Another evolving alternative to friending and following is Google+. While Google+ is still in beta testing as of the writing of this manuscript, the authors feel it offers a possible improvement over Facebook. Google+ allows users to set up "circles." The main advantage of circles is that they allow the counselor to decide which circle group to post information to versus the Facebook option of having to set privacy settings to protect information.

Not everyone agrees that friending or following always need be avoided. Zur (2010) posited that engaging in friending or following with clients can be appropriate, depending upon such variables as who the client is, the nature of the therapeutic relationship, the reason that the client posted the request, the therapeutic setting, and the particular community. Zur did focus on the need to ensure that the friending is clearly beneficial for the client and does not cause exploitation or loss of therapeutic effectiveness or objectivity. He stated, "Ultimately, the most important question is: How might the therapist's response to a Friend Request affect treatment and the therapeutic relationship?" (p. 3).

Confirmability

When counselors and clients interact through social media, it is vital that both the client and the counselor are able to verify each other's identity (Haberstroh, 2009). The *ACA Code of Ethics* states in section A.12.h that counselors

communicating with clients in cyberspace "establish a method for verifying client identity" (ACA, 2005, p.7). Why? The following excerpt from the Kaplan et al. (2009) published interviews with members of the task force that promulgated the 2005 *ACA Code of Ethics* provided insight:

David Kaplan: The new technology subsection (A.12.h) [of the *ACA Code of Ethics*] has many important ethical imperatives including the need to verify the identity of a cyber-client. Why is that important?

Chris Moll: For the purposes of confidentiality, it is important to know that the person you are communicating with at any given time is the same person with whom you obtained informed consent and with whom you established a counseling relationship. In other words, you need to know that the individual at the other end of the [computer, iPad, or smart phone] is your actual client and not a parent, partner, friend or hacker.

DK: How can you verify the identity of clients when you cannot see them?

John Bloom: The counselor and client can create and exchange a confidential password at the beginning. (pp. 253-254)

Haberstroh (2009) pointed out that confirmability does not stop with the initial confirmation; each online interaction requires identity confirmation. He agreed with John Bloom that a code phrase or word could start every interaction to verify (to the best of your ability) that the person you are texting, tweeting, and the like, is actually your client.

Clients also need to verify our credentials, identity, and site security. Section A.12 of the *ACA Code of Ethics* (ACA, 2005) states that counselors with websites are to provide accurate links to their state licensing board so that clients can confirm a valid license. We have all seen the secure, verified websites used by businesses like credit card companies. Practitioners who are going to use technology should pay for digital certificates to verify their identities (Haberstroh, 2009).

Informed Consent

The senior author of this article begins his doctoral-level counseling ethics class by stating that his experience has led to the conclusion that 85% of all ethical dilemmas can be avoided with thorough and complete informed consent procedures. While the exact percentage can be debated, it seems clear that a focus on informed consent when using social media with clients can proactively prevent many problems from occurring. Informed consent refers to "the process of

providing enough information about your specific rules of practice to clients so that a knowledgeable decision can be made about entering into and continuing counseling” and is an essential component for establishing the counselor–client relationship (Kaplan, 2000, p. 3). When venturing into the murky waters of social media, the authors strongly recommend using the informed consent document and process as a way to address specific rules about the use of web 2.0 with clients.

It is critical that clients be informed about social media’s inherent lack of privacy. Clients need to know that confidentiality cannot be guaranteed when using Facebook, instant messaging, Yelp, Twitter, Google+, and other social media applications. Neace (2011) states in his informed consent document: “Clients should know that electronic communications ... are generally not secure methods of communication and there is a risk that one’s confidentiality could be compromised with their use” (para. 11).

Kolmes (2010) covered the following informed consent topics in her excellent, if lengthy, private practice social media policy (available at <http://drkkolmes.com/2010/02/01/updated-private-practice-social-media-policy/>):

- Whether the counselor accepts friend requests from social networking sites
- Whether clients can be a Facebook fan of the counselor
- Whether clients may be a follower of the counselor on Twitter
- Whether SMS, instant messaging, or messaging through social network sites such as LinkedIn or Facebook can be used to interact with the counselor
- The conditions under which Google, Facebook, or other search engines may be used to find out information about a client
- Whether Google Reader can be used to share articles between the counselor and client
- Whether the counselor accepts testimonials on his or her various websites
- How the counselor may or may not respond to comments or ratings posted on internet sites

The social media policy contained within your informed consent document does not necessarily need to address each and every one of the topics listed by Kolmes. Select the ones that relate to the particular way you use social media. As your use of social media and client interactions evolves, so will your policy. Neace (2011) provided an example of a concise social media informed consent statement:

Clients should know that electronic communications ... are generally not secure methods of communication, and there is risk that one’s confidentiality could be compromised with their use. Counselors at The Change Group, LLC ... may engage in various forms of electronic counseling which

have varying levels of security, including text, message, and video chat, text messaging, and phone conversations. The Change Group, LLC makes every effort to provide each of these services and all others in the most secure fashion possible, and according to generally accepted industry standards. (para. 11)

VIGNETTES

One of the authors of this article, Erin Martz, provides more than 5,000 ethics consultations each year in her role as ACA Director of Ethics and Professional Standards. The following scenarios reflect requests for assistance in the area of social media ethics from the more than 47,000 members of the American Counseling Association.

Facebook

Scenario: A counselor and a colleague who practice at the same agency are Facebook friends. The counselor is concerned that her colleague posts information about clients on a regular basis on the counselor’s wall by referring to their appointment time (i.e., “Your 2:00 pm called and said that she is running 15 minutes late.”) Occasionally, the colleague also posts remarks about diagnoses and clinical observations. The counselor has approached her colleague with concerns about posting client information through Facebook, but her colleague replied that no ethics violation has occurred because clients are referred to by appointment time rather than by name. The agency’s clinical director concurs.

ACA recommended that the agency develop a written policy regarding whether agency counselors may share client information through Facebook. If the agency decides to approve, the highest level of privacy setting should be used to ensure that confidentiality is maintained and that outside friends do not have access to the posts. Clients should be informed about this policy through the agency’s informed consent document. It was also recommended that the agency consider broadening the definition of *treatment teams* for informed consent purposes. In other words, if the director desires the staff to communicate and/or conduct case consultations via Facebook, section B.3.b (Treatment Teams) of the ACA *Code of Ethics* (www.counseling.org/ethics) should be reviewed to ensure that clients are properly informed and that confidentiality is maintained. ACA is beginning to hear from agencies who are instituting policies concerning e-case consultation via social media, so it can indeed be done appropriately.

Texting

Scenario: A counseling graduate student is completing her internship at an agency which specializes in counseling adolescents. The agency policy is that professional staff

(including interns) must use personal cell phones when on call for emergencies. Clients are given the cell phone number of the on-call counselor and told to call that number if they are in crisis.

The intern was at a party on a Saturday night and had indulged in some drinking when she received a text message from one of her clients—a 15-year-old girl with occasional suicidal ideation. The intern was not on call that night, but the client had noted the phone number during a previous on-call shift. The message was vague and implied that the client was feeling sad and hopeless. The intern was unsure how (or even whether) to respond.

As part of the ethics consultation, the intern was asked to consider two significant questions: (a) Did her level of impairment dictate that she not interact with the client, or did the client's potential emergency situation supersede that concern? and (b) Does the nature of texting make the interaction less personal, thereby affecting the risk for negative consequences?

After a lengthy discussion with ACA professional staff, the intern decided that responding via a brief return text to ensure that her client was safe and to then refer her to the on-call clinician was the appropriate thing to do. The intern also realized that she needed to develop a statement addressing texting for her informed consent document.

Skype

Scenario: A counselor agreed to begin using Skype to provide counseling for a particular client who travels frequently for work. At times, the client is in an office setting, but, at other times, she is in a hotel room or even an airport courtesy lounge. Because of this, the counselor worries about threats to confidentiality though the client does not seem particularly concerned. Further, the client has experienced occasional technical difficulties as her laptop battery is drained or the wi-fi signal is weak, resulting in a shortened or disrupted session. The counselor was not sure how to bill in these instances or whether rescheduling was appropriate.

ACA recommended that the counselor address her concerns in writing with the client to ensure that the client understands the limits of confidentiality, the myriad associated risks, and what is expected in the event that a session is interrupted for a variety of reasons on either end. This written agreement protects both the client and the counselor should a conflict arise in the future. Section A.12.g. (Technology and Informed Consent) of the ACA *Code of Ethics* (www.counseling.org/ethics) provides parameters for constructing such a document.

Twitter

Scenario: Recently, ACA received a phone call from a counselor whose specialty was adolescent group work; she had discovered that clients who tended toward the surly and

aloof would eagerly participate in "feelings checks" if they were conducted via Twitter. The counselor had group members follow the group on Twitter and once or twice a week would send out a call for a feelings check. Each member of the group would be expected to tweet how they were feeling at that time and then to comment on one other person's tweet. She was pleased at the responsiveness and surprised at how the tweets often served as conversation starters at the next group meeting. The counselor wanted to know whether her therapeutic use of Twitter was ethically appropriate.

ACA's response was that the very nature of Twitter seems to lend itself to this kind of utilization; confidentiality is easily preserved by pursuing the privacy options that are both numerous and simple to engage. Twitter, unlike Facebook, allows people to construct screen names, and this provides a level of anonymity. Further, Twitter allows users to remove their personal information from visible profiles and to disable the "Tweet Location" feature. This feature provides a geo-location via GPS technology when users tweet that they are in a certain place, and therefore could be a safety risk for minors, who are often targets for online predators.

The best level of protection to engage in Twitter is the "Protect My Tweets" feature. This action requires the user to approve people who request to follow their tweets, thus protecting confidentiality and preventing any unwanted followers. In the aforementioned scenario, all of these privacy settings were enabled, and this form of social networking proved extremely effective. As always, the risks, benefits, and limits of confidentiality should be thoroughly discussed in writing during the informed consent process before engaging in such activity.

CONCLUSION

Social media is now a part of the fabric of our society. Counselors are using Facebook, Twitter, instant messaging, and other web 2.0 applications with clients to great advantage and, as Neace (2011) pointed out, in a manner that "is consistent with all applicable sections of the ACA ethics code" (p. 2). As such, social media is a viable modality for counselors to use in their professional capacity. While professional counseling is feeling its way with the brave new world of web 2.0, the bottom line for ethical behavior remains the same as it does for the more traditional methods of communication: Do what is in the best interest of the client. This article has attempted to provide ideas and vignettes to help professional counselors do so.

REFERENCES

- All in the Facebook family: Older generations join social networks.* (2009). Retrieved from <http://www.cnn.com/2009/tech/04/13/social.network.older/index.html>

- American Counseling Association (ACA). (2005). *Code of Ethics* [Ethical Standards]. Retrieved from American Counseling Association website: <http://counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>
- Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. (2008). A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions. *Journal of Technology in Human Services, 26*, 109–160. Retrieved from <http://jths.haworthpress.com>
- Chen, C., Jeng, M., Fung, C., Doong, J., & Chuang, T. (2009). Psychological benefits of virtual reality for patients in rehabilitation Therapy. *Journal of Sport Rehabilitation, 18*, 258–268.
- Cook, J. E., & Doyle, C. (2002). Working alliance in online therapy as compared to face-to-face therapy: Preliminary results. *CyberPsychology & Behavior, 5*, 95–105.
- Coyle, C. L., & Vaughn, H. (2008). Social networking: Communication revolution or evolution? *Bell Labs Technical Journal, 13*(2), 13–18. doi: 10.1002/bltj.220298
- Daniel, J. (2008, November). The self set free. *Therapy Today, 19*(9). Retrieved from <http://www.therapytoday.net/article/15/4/categories/>
- DuBois, D. (2004). Clinical and demographic features of the online counseling client population. *Counseling & Psychotherapy Research, 4*, 18–22.
- Dudley, B. (2011). *Google+ stats: 10 million signups, 1.8 million returns* [Web log message]. Retrieved from http://seattletimes.nwsource.com/html/technologybriardudleysblog/2015675350_google_stats_10_million_signup.html
- Ellison, N. B., Steinfield, C., & Lampe, C. (2007). The benefits of Facebook “friends”: Social capital and college students’ use of online social networking sites. *Journal of Computer-Mediated Communication, 12*(4). Retrieved from <http://jcmc.indiana.edu/vol12/issue4/ellison.htm>
- Haberstroh, S. (2009). Strategies and resources for conducting online counseling. *Journal of Professional Counseling: Practice, Theory, and Research, 37*(2), 1–20.
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36*, 223–233.
- Jencius, M. (2009, November). My life’s an open (Face)book. *Counseling Today*. Retrieved from <http://search.ebscohost.com>
- Kaplan, D. M. (2000). Using an informed consent brochure to help establish a solid therapeutic relationship. In R. E. Watts (Ed.), *Techniques in marriage and family counseling* (pp. 13–10). Alexandria, VA: American Counseling Association.
- Kaplan, D. M. (2003). A process for working with families across counseling specialties. In D. M. Kaplan & Associates, *Family counseling for all counselors* (pp. 37–60). Austin, TX: Pro-Ed.
- Kaplan, D. M., Kocet, M. M., Cottone, R. R., Glossoff, H. L., Miranti, J. G., Moll, E. C., ... Tarvydas, V. M. (2009). New mandates and imperatives in the revised ACA *Code of Ethics*. *Journal of Counseling & Development, 87*, 241–256.
- Kelly, B., Hoffman, R., Adamson, N., & Bradley, N. (2010). *Social networking sites and ethical considerations: Staying current with new age communication trends*. Retrieved from Ohio Counseling Association All Ohio Counselors Conference: <http://oca.shuttlepod.org/Default.aspx?pageId=863919>
- Kolmes, K. (2009a). *Managing Twitter as a mental health professional*. Retrieved from <http://drkkolmes.com/2009/05/04/managing-twitter-as-a-mental-health-professional/>
- Kolmes, K. (2009b). *Managing Facebook as a mental health professional*. Retrieved from <http://drkkolmes.com/2009/06/08/managing-facebook-as-a-mental-health-professional/>
- Kolmes, K. (2010). *A psychotherapist’s guide to Facebook and Twitter: Why clinicians should give a tweet!* Retrieved from http://psychotherapy.net/article/Psychotherapists_guide_social_media
- Leibert, T., Archer Jr., J., Munson, J., & York, G. (2006). An exploration study of client perceptions of internet counseling and the therapeutic alliance. *Journal of Mental Health Counseling, 28*, 69–83.
- Mangan, K. (2008). Virtual worlds turn therapeutic for autistic disorders. *Chronicle of Higher Education, 54*(18), A26. Retrieved from <http://search.ebscohost.com>
- Mindset list for the class of 2014*. (n.d.). Retrieved from <http://www.beloit.edu/mindset/2014.php>
- Neace, R. T. (2011). *Yes, u shud b txtng clts!* [Web log message]. Retrieved from <http://my.counseling.org/2011/05/09/yes-u-shud-b-txtng-clts/>
- Online Intergroup Alcoholics Anonymous*. (n.d.). [website]. <http://www.aa-intergroup.org>
- Peluchette, J., & Karl, K. (2008). Social networking profiles: An examination of student attitudes regarding use and appropriateness of content. *CyberPsychology & Behavior, 11*, 95–97.
- Peluchette, J., & Karl, K. (2010). Examining students’ intended image on Facebook: “What were they thinking?!” *Journal of Education For Business, 85*, 30–37.
- Priest, A. (2010). *Pew Study shows social media use nearly doubling among older users*. Retrieved from <http://technorati.com/blogging/article/pew-study-shows-social-media-use/>
- Reger, G. M., & Gahm, G. A. (2008). Virtual reality exposure therapy for active duty soldiers. *Journal of Clinical Psychology: In Session, 64*, 940–946. doi: 10.1002/jclp.20512
- Ridgewood Financial Institute. (2010, May). Feedback: Answers to your questions about HIPAA and e-mail security. *Psychotherapy Finances, 3*.
- Schultze, N. (2006). Success factors in internet-based psychological counseling. *CyberPsychology & Behavior, 9*, 623–626.
- Singh, S. (2008). Anti-social networking: Learning the art of making enemies in web 2.0. *Journal of Internet Law, 12*(6), 3–11.
- Suttle, T. (2010, October 21). *Question of the week – Your thoughts about moving to Facebook*. Retrieved from <http://www.counselors@yahoogroups.com>
- United States Department of Health and Human Services. (2003). *OCR Brief: Summary of the HIPAA privacy rule*. Washington, DC: US Government Printing Office.
- Virtual world. (n.d.). In *Wikipedia*. Retrieved from http://en.wikipedia.org/wiki/Virtual_world#cite_note-0
- Web 2.0. (2010). *Wikipedia*. Retrieved from http://en.wikipedia.org/wiki/Web_2.0
- Wheeler, N., & Bertram, B. (2008). *The counselor and the law: A guide to legal and ethical practice*. Alexandria, VA: American Counseling Association.
- Wood, D. P., Webb-Murphy, J., McLay, R., Koffman, R., Johnston, S., Spira, J., ... Wiederhold, B. K. (2009). Combat-related post-traumatic stress disorder: A case report using virtual reality graded exposure therapy with physiological monitoring with a female Seabee. *Military Medicine, 174*, 1215–1222.
- Yee, N., Bailenson, J. N., Urbanek, M., Chang, F., & Merget, D. (2007). The unbearable likeness of being digital: The persistence of nonverbal social norms in online virtual environments. *CyberPsychology & Behavior, 10*, 115–121.
- Zabinski, M. F., Celio, A. A., Jacobs, M. J., Manwaring, J., & Wilfley, D. E. (2003). Internet-based prevention of eating disorders. *European Eating Disorders Review, 11*, 183–197. doi: 10.1002/erv.525
- Zur, O. (2010). *To Accept or Not to Accept? How to respond when clients send “Friend Request” to their psychotherapists or counselors on social networking sites*. Retrieved from <http://www.zurinstitute.com/socialnetworking.html>

LOVE TRAINING COMPANY



Counseling Families

An Introduction to Marriage and Family Therapy, 4th ed.

David Fenell

As in the prior editions *Counseling Families* is concrete, pragmatic, and relevant to aspiring family therapists. The foundation to the family therapy section is a training process that links individual and group counseling theories and practices to those used in marriage and family therapy. Readers will build their core counseling skills to begin implementing specific family systems intervention models. This edition continues to help students link some of these family systems therapies with psychodynamic, cognitive-behavioral, and humanistic theories.

New to the fourth edition is a focus on the recent developments in the profession. Discussion on the evolving definitions of marriage and the family and the controversies that have emerged from these definitions enhances the family therapy section. Additionally, there are two new chapters in this edition. One chapter advances important skills to prepare competent family therapists. The other new chapter focuses on counseling military families and the demand for marital and family therapy services for returning veterans and their families.

SPECIAL FEATURES

- Website with summaries, lists of key terms, quizzes, and related web links
- New evidence-based theories including cognitive-behavioral couple and family therapy, integrative behavioral couple therapy, multisystemic therapy with families, and emotionally focused couples therapy
- Includes a list of institutions that have programs designed to prepare family therapists

CONTENTS

Part One: Foundations of Marriage, Couple, and Family Therapy

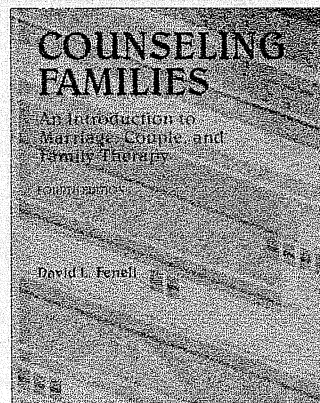
1. Families and Family Therapy: An Introduction
2. The Need for Family Therapy
3. The Emergence and Evolution of Marriage, Couple, and Family Therapy
4. Current Issues and Trends in Marriage, Couple, and Family Therapy
5. The Family as a Living System: Essential Concepts
6. Making the Paradigm Shift: Building Bridges from Individual to Family Systems Theories
7. Using Core Counseling Skills in Marriage, Couple, and Family Therapy

Part Two: Helping Couples Change with Individual and Systems Theories

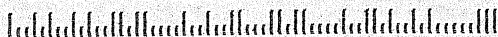
8. Helping Families Using Psychodynamic Individual Theories
9. Helping Families Using Psychodynamic Systems Theories
10. Helping Families Using Cognitive-Behavioral Individual Theories
11. Helping Families Using Cognitive-Behavioral Systems Theories
12. Helping Families Using Interpersonal Individual Theories
13. Helping Families Using Interpersonal Systems Theories

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Counseling and Human Development

Appendix

SOCIAL MEDIA APPLICATIONS

General Social Interaction

| | |
|------------------------|--|
| AOL Instant Messenger | www.aim.com |
| Chat Roulette | www.chatroulette.com |
| Facebook | www.facebook.com |
| Foursquare | www.foursquare.com |
| Google talk | www.google.com/talk |
| Google+ | https://plus.google.com |
| Internet Relay Chat | www.mirc.com |
| LinkedIn | www.linkedin.com |
| Loopt | www.loopt.com |
| MySpace | www.myspace.com |
| Orkut | www.orkut.com/Main |
| Second Life | www.secondlife.com |
| Skype | www.skype.com |
| Twitter | www.twitter.com |
| Voicethread | www.voicethread.com |
| Windows Live Messenger | explore.live.com/windows-live-messenger?os=other |
| Yahoo! Messenger | messenger.yahoo.com |
| Yelp | www.yelp.com |

Counseling Related Social Interaction

| | |
|--|---|
| American Counseling Association Weblogs | http://my.counseling.org/ |
| Articles for Clinicians Using Social Media | http://drkkolmes.com/for-clinicians/articles/ |
| Center for Credentialing & Education (DCC) | http://www.cce-global.org/DCC |
| CESNET listserv | https://listserv.kent.edu/cgi-bin/wa.exe?A0=CESNET-L |
| The Digital Psyway | http://www.digitalpsyway.net/ |
| Online Therapy Institute | http://www.onlinetherapyinstitute.com/ |

Counseling Related Twitter

| | |
|--|---|
| American Counseling Association | http://twitter.com/#!/CounselingViews |
| American Psychological Association | http://twitter.com/#!/APAHelpCenter |
| Kate Anthony | http://twitter.com/#!/kateanthony |
| Dr. Anthony Centore | http://twitter.com/#!/thrivenation |
| CESnet | http://twitter.com/#!/CESNET |
| Stephen Goss | http://twitter.com/#!/StephenGoss |
| Dr. Keely Kolmes | http://twitter.com/#!/drkkolmes |
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