Dr. Rebecca Daniel-Burke: This is Dr. Rebecca Daniel-Burke, your host for the American Counseling Association's 2015 podcast series. Today, we are speaking with Dr. Michelle Wade about ethics and social media. Michelle E. Wade, EdD, NCC, ACS, LCPCS, holds the position of Ethics Specialist at the American Counseling Association. She is licensed as a professional counselor in Maryland and Virginia. Her research agenda is focused on the use of technology within counseling, and more specifically the use of social media within counseling. She has presented at numerous conferences, participated in ACA leadership opportunities, and has co-authored an article on the subject of ethical and legal issues regarding the use of social media in counseling, and contributed a chapter on technology in Levitt and Moorhead's *Values and Ethics in Counseling: Real-Life Ethical Decision Making*. Welcome, Michelle.

Dr. Michelle Wade: Thanks, Rebecca. Thanks for having me.

Dr. Daniel-Burke: Sure. Well, I'm going to dive right into the questions, and the first one is: Why should clinicians consider using social media within the counseling process?

Dr. Wade: Well, first and foremost, Rebecca, it's the wave of our future. Social media is very much a part of everyday life. Just to give you some quick steps, the social media platform of Instagram grew about 50% in nine months. It's now over 300 million users. Snapchat grows 56% a year. Tumblr has 120,000 users a day being added. And just to give you an idea, Generation Y will spend an average of two hours a day on their smartphone with six apps used every day. So it's just something that we are seeing more and more prevalence of within our society, so it's something that our counselors and clinicians can use to engage their clients into the therapeutic process. Also, within the profession itself, we're seeing some trends of moving to using technology and digital resources, as evidenced by the need to increase the section of the Code of Ethics into being a whole new section, dealing with distance counseling technology and social media. And then finally, social media gives us really good access to real-time information with clients. Meaning that sometimes, we have clients who don't remember everything about their week, that they really need to discuss, but if they can review their social media, postings and ideas, it can really help a session move along.

Dr. Daniel-Burke: I really like that. I like the idea that it can help the session move along. Can you give us an example regarding that?

Dr. Wade: Right. I can use an example of a client that I have, who is a teenager, who deals with a lot of stressors in her life. And so, one of her main goals that she works on, is how to manage her stress. So by engaging through social media and then texting as well with her, we're able to remind her of her coping strategies that she has, remind her to breathe, remind her to organize her thoughts, organize her calendars, prioritize things. So it's really ways to remind her of the tools that she already has, instead of amping up anxiety on her own, she can reach out to me and we can --
Dr. Daniel-Burke: What about counselors and clients who talk about, that there is less intimacy with so much interaction taking place in social media, on telephones, on computers, as opposed to speaking to a person, or being in their presence. Do you think there’s kind of a loss of intimacy with these modalities?

Dr. Wade: I think there’s a risk of a loss of intimacy, but I think that’s a fear that we have that's not really being validated. In fact, one of the stats off of our socialtimes.com said that employees that use social business tools, see a 39% increase in connectedness. So if you're seeing an engagement in business, it seems to reason that maybe we can see it as engagement with our clients as well. But just in general with interpersonal relationships, to say that this is a way for you to get information about people that you may not be able to stay in touch with. For example, I have a friend who is a doctor, and when she was going through med school, and I was going through my doc program, obviously we had very conflicting time schedules and really difficult times to connect. However, Facebook and texting allowed us to make sure that we did keep up to date with important things, and know nothing substituted picking up the phone, but those Facebook posts or those quick texts made us know whether or not we needed to pick up the phone.

Dr. Daniel-Burke: That's a great answer. Next question, what are some considerations if a counselor does engage with clients through social media?

Dr. Wade: I think first and foremost, counselors need to know what their legal regulations are within their state. There are 17 states that actually -- actually, no, probably 18 at this point, because Texas is moving that way -- that have some laws regarding distance counseling and social media interactions would fall under that. And so, what it is, is that you need to be licensed within the state, is usually what the best practice is. But also, there's some considerations, because some states won't allow you to communicate with your clients electronically. I think we're going to have to see a change in that, just realism. But also, you also need to consider insurance policies and considerations for that, and whether or not you'll get reimbursed. There's a number of considerations, the usefulness of it for a particular client, specifically whether or not a client is appropriate to use social media with. Meaning, do they understand boundaries? If they don't understand boundaries, social media may not be something that is a good thing to use with that particular client, or it may be a good way to help increase the knowledge about what appropriate boundaries are because this is how society interacts, and so this is a role modeling technique that you could use. So those kind of considerations.

But first and foremost, I would say the legal considerations. In competency, this is not a field where you can just jump in and make a Facebook page or a Twitter page, or use any of these social media sites without doing some research and understanding the purpose behind why you want to use social media, and what your purpose in formulating that social media site is. "What is the purpose behind you making that
Facebook page?" Is it to advertise your practice? Is it to relay information? Is it to be an advocate for the profession? These are the kind of considerations and questions you want to ask yourself before you engage, and how are you going to protect your client’s confidentiality. That's the next part.

So in section H.1., we talk about the legal considerations and the competency, and then in section H.3., we talk about client verification, and then section H.2., we talk about privacy and confidentiality. So just to clarify a little bit on the H.2. part, with the privacy and confidentiality, there are things what we, as counselors, do and are second nature with regards to confidentiality. We try to protect our client’s confidentiality through all possible ways. That's why we don't go out to them grocery store. We leave in it their realm of decision making. With social media, those boundaries are very much blurred. And so, we have to take some extra precautions in how we're going to set our privacy settings, to make sure that if they do have access to these social media sites, how is their information being conveyed? Are they warned about the potential risks of confidentiality being breached? Are they warned about the potential benefits of that? Do you have your privacy settings set to the level that they need to be? The other consideration is, what is the client doing on the other end, if they're engaging with you? Are they engaging with you in a public setting? Are they doing this on a public computer? If they're doing all of that, then their information is accessible.

So we have ethical responsibilities to make sure that the clients are aware of the risks that they may have on their end. And then finally, the idea of client verification; making sure you're talking to who you think you're talking to.

Dr. Daniel-Burke: Yes, that's a concern that I would have. I've seen that several times. There was a commercial, one about a mean girl grabbing another girl's phone and texting some mean thing. How do we verify that it's our client we're talking to?

Dr. Wade: Well, it's important to set it up when you decide to engage in these kind of interactions with your clients, to set up either a code word, a phrase. Something that they know, that they need to use every time they contact you. And something that you send back to them, so they know that they're talking to you and you're talking to them. So for instance, with the texting with my client, they all have a code, initial, that they send to me, and I'll reply back with mine at the start of every text. So they know that nobody's grabbed my phone, and I also know that prying eyes are not trying to get information from me that I wouldn't give them otherwise.

Dr. Daniel-Burke: Good idea, yes. Okay, you talked a little bit about professional boundaries already, but how do counselors maintain the professional boundaries necessary, if engaging in the use of social media?

Dr. Wade: I'm not going to lie. It's a difficult balance to do, and the reason why is because it is so easily accessible. It is 24/7, 365 for us. And so, if you're like me and you
- personally use social media or texting on a regular basis, it can be really difficult to understand, and to know, and to professionally instill those boundaries, because you may be used to texting somebody at 11 o'clock at night. And so, for me, I had to be very conscious of the fact that if a client did that, I couldn't respond back. I needed to respond back during professional business hours. Because if I replied back to a text out of just pure convenience and comfortability and used to being able to do it with my friends, I'm now sending a message -- an unintended message to my client -- that I'm now accessible at 11 o'clock at night, which in a crisis situation maybe I am. But if you were in a private practice, face-to-face session, and you didn't engage with your clients, your clients would have your answering machine or your answering service to deal with.

And so, it's that same concept here of leaving it at the office when office hours are done. And so, it also comes down to an informed consent is, issue with H.2.a., so really walking through your informed consent documents, and addressing some different aspects of counseling that are new when you use technology, which are time zone differences, or expected response times. We live in a society that has a very quick time -- a very short attention span. And so, people want instant access and instant gratification. Obviously, that's not realistic within the counseling profession. We have other clients that we have to deal with, too. So we can't be accessible 24/7. So clients need to understand that. I'll use myself as an example. When I do let my clients engage with me through text, they're very clear, and I'm very clear, about understanding, I'm not going to respond to you after a certain time of the night. I'm not going to engage in counseling through texting either, and I'm not going to leave you hanging. I'll follow up the next day, but we're going to treat that text like a voice mail. And so, that's really where it comes down to, is making sure that you're very clear about what you're going to use social media for, and what the expectations of that use is.

**Dr. Daniel-Burke:** You know, I always say that if we have a really good conformed consent, we can stave off a lot of problems, and it can be very preventative. Because you not only are saying in your informed consent that this is how we’re going to agree to use social media, they are also signing -- the client is signing that, and taking a copy home, and they can go back and look at it. And I think it's really important that it be made very clear, and informed consent to you.

**Dr. Wade:** I absolutely agree. I will say, as ethics specialists for ACA, probably 80% of the calls that we get for members could be handled with a really thorough informed consent. The Ethics Revision Task Force really wanted to stress the idea of informed consent and documentation of that with this new revision in 2014, because it is so important. Clients need to know what they're getting into, and then they have choices to say, "Yes, that's okay." or "No, that's not okay." And then maybe I need to find a different provider, because this is what you do and this is what I need, and they're not compatible.
Dr. Daniel-Burke: When Facebook was becoming very popular, I remember a counselor calling me and saying that he had taken a picture of himself -- somebody took a picture of him -- with his shirt off, and it ended up on Facebook, and how uncomfortable he was that -- of course, you can see a lot of people on the beach with shirts off and wearing shorts and stuff like that, but he just felt uncomfortable that such a picture was on Facebook, giving all of his clients and the different kinds of things he was working with clients. And in his case, he decided to delete his Facebook account. But do you hear of issues like that coming up?

Dr. Wade: It definitely happens, and the key to helping lower that risk is knowing your privacy settings, and knowing how to set them, talking to your friends, and saying, "Don't tag me in pictures, because I have a professional reputation." But also, I think training programs -- counselor education programs -- are going to need to start addressing this aspect within their programs, because there is this idea that we can all use these social media sites, which we're entitled to. We're people. We want to express ourselves, and so, that's fine. But we also need to be very cognizant that because we help the public, if the public has access to that information, it can affect how the public sees us, and our clients see us.

And so, for instance, I like to say that I have pictures of me in a Jimmy Buffet concert, having a great time, wearing a silly hat. That's fine for my friends to see me in that, but if my clients saw me in that, they may not take me as professionally -- and I may not be as respected. And so, I had to be very clear when Facebook changed their rules. I needed to know that, and how those were viewable. Luckily though, things like Facebook are beginning to realize that what we put out there for our friends, we may not want the entire public to know. And so, they're changing the way that you're able to access your profiles. For instance, Facebook right now allows an individual to view their page how somebody not on their friend's list would see it, or somebody in a certain group would see it. So say, you divide your friends up into -- you have one group of friends that you don't mind what they see at all, and then you have another group of friends that you want to limit what they have access to. But for the most part, they can see everything. And then you have the public. You don't want the public to have access to anything. So you can now view your site in how those three different categories would actually see it. I always encourage our members to really go and look, and just see what other people are seeing out there. I also tell our members to Google themselves every once and a while. See what the public perception of view is out there, because I guarantee, your clients are doing it.

Dr. Daniel-Burke: Absolutely. Can the therapeutic relationship actually be enhanced or hindered through the use of social media?

Dr. Wade: The therapeutic relationship is really the most vital part of the counseling relationship. Studies have been done to show, of course, that 30% of success or outcome is based on the relationship. And so, this is a really vital question to ask
- ourselves, if we are going to use social media. And I just finished my doctoral program, where my dissertation was on the focus of, how does social media influence the counselor-client relationship, from a counselor perspective. And it was really interesting to engage with counselors who did not use social media with their clients, and compare those to the counselors who did use social media with their clients. Because the fear that I was hearing from the counselors who did not use social media, with that fear of a loss of connection, and hindering the therapeutic relationship. Yet the ones who were actually using social media with their clients, all said that their relationships with their clients were strengthened by the use of social media. For example, and I've experienced this as well, one of my participants stated that the social media and the texting allowed her to be able to connect with clients in difficult situations. So say, she had a run-away client who has just returned home, and mom is trying to handle it in a respectful way and not blow up at her, but she can't really talk, the mom can't talk to the counselor in that moment, because if she picks up the phone, the client's going to go running away again, or explode, mom can text the counselor, and the counselor's able to say, "Okay, well, remember the plan." And so, can walk her through those steps, and the girl is no wiser to what's going on on the phone. So it helps progress without really making alert, or alerting anybody, to what's really going on. Which can be useful.

Dr. Daniel-Burke: Yes. What type of social media is best suited to use with clients?

Dr. Wade: It really depends on the client, and again, the purpose for using the client. If you look at C.7. within the Code of Ethics, that's where we say that everything you do, your therapeutic interventions and techniques and tools need to have either a scientific base, or a theoretical base. I view social media in the same way, and the reason I say that, is because there really needs to be a purpose for why you're going to engage a client through social media. And I'm very gestalt and like hands-on experiences. And so, social media and texting is a way for me to get real-time data, be in the here-and-now with the client, and have that information, and be able to see also the masks that they might put on for other people through their social media profiles, and the things that they post on their Twitter account for example. And so, it really is about evaluating what is appropriate for the client. If you have a client who will engage in really wanting to do some self-expression, but is afraid to do so, maybe an anonymous Twitter account where they don't have to identify who they are, can allow them to see that they're not alone.

A couple of years ago, there was this YouTube sensation of 'It Gets Better', and it was a lot of videos of individuals talking to adolescents from the LGBT community, saying it gets better. Make it through your adolescence, and that campaign was all about trying to let people know, "Don't give up", and to give them a voice that it does get better, it doesn't have to continue to be like this. Yes, adolescence is a really bad time for everybody, and especially for those that feel ostracized. But you have a community out there. And so for the kid who is in rural, Alabama, who feels completely alone, being able to access Twitter and vent or communicate with the LGBT community through
- Twitter chats or YouTube videos, or whatever might be useful to him, can help him feel not alone. And I can't specifically say what social media platforms are really useful for clients, because they are changing every day. If we go back to when I first started on social media, of course there was MySpace, and now it's defunct. MySpace doesn't even exist. And so, Facebook population is actually decreasing amongst the younger generations and increasing over the older generations. Twitter is now becoming passé, more younger users want to use Instagram, so Instagram has everything.

Dr. Daniel-Burke: Yes.

Dr. Wade: Yes, but you have to know, first off, your audience, as well as the purpose behind what you’re going to use. And I really think your clients can help you understand that, what the purpose is, and why they can get something out of a specific social media platform.

Dr. Daniel-Burke: Also, I like that you brought up the LGBT child because I got a call a while ago from somebody who is in rural, rural, Texas, who is the only counselor in town, and was seeing somebody who wanted to begin working towards sexual reassignment surgery. And the fact that this client could go on an LGBTQI website and talk in live chat with somebody, was absolutely crucial. The counselor kept telling me she thought it saved her life, because it was so important to be able to talk -- and there was nobody in that town. So the only way that this young person could speak with somebody who is in a similar circumstance, was through social media. So I understand what you’re saying.

Dr. Wade: Right, and social media's opened our world up to where it's no longer this idea that you're limited to your community. Your community is now endless, because of the internet and social media. I think about all of the social and political uprisings that happened because of social media; because they can't get their voice out, heard, necessarily in their country, but they can get heard, and then they can get activists elsewhere in support. And social media opens those doors for people.

Dr. Daniel-Burke: Do counselors need to have a social media policy, a written policy?

Dr. Wade: They do. First off, with H.6.c., we've actually made it an ethical requirement within the Code of Ethics to have a social media policy if you're going to engage with your clients through social media. And what this means, is just really laying out the expectations of it, the appropriateness of it, what is and is not appropriate to post or send, the boundary aspect of it, anticipated response time; all of those things. But also, I think it's really good for counselors to have a social media policy even if they're not going to engage in it with their clients. And the reason is simply because clients want to engage in this way. Facebook, for one, is really good about trying to suggest people to friend. And so, if they have your phone number, and they say, "Find friend", your name can pop-up as somebody they may know. And so, without thinking, they try to connect with everybody in their phone. If you don't have a social media policy, you're now left
- with this, "Well, what do I do? Because I just got a friend request from a client, what do I do? How do I address this?" And before this revision of the Code of Ethics, there really wasn't any stance on whether or not you could friend a client.

And so, we're now taking a stand that says you can't have a personal virtual relationship with your client. So you can't friend your clients, but at the same time, you can have a virtual professional presence with your clients. And so, making sure that there's a clear distinction in that, and having these boundaries and explaining what's needed, is good. And so, if you're not going to engage with clients through social media, so you're not going to friend your clients because it's unethical at this point, clients need to know that. So you're not sitting there, they're not sitting there waiting for a request to be approved, or not feeling alienated; they're not feeling non-supported. You don't have to have the awkward conversation of saying, "So you sent me a friend request. You do understand that this is a terminal relationship. We're not friends." But it's a really awkward conversation to have. But if you have it at the beginning of sessions, and if it comes back up, you can just say, "Well, remember the informed consent. It's just my policy that I don't friend clients. It has nothing to do with you. It's just about maintaining that professional relationship." So it just eliminates that awkward conversation.

Dr. Daniel-Burke: Yes. Can counselors view their client's social media profiles?

Dr. Wade: They can, if they're given permission to do so. And the reason I say that, is under Standard H.6.c., you have the ability to look at a client's social media profile, but they need to know that you're doing it. And you also want to have some expectations about that. We got a call before the revision with Don, about somebody looking at their client's Facebook page at 11 o'clock at night. And the client had posted that they felt -- their world was over, and they wanted to just die. And it was a really horrible post. And now, this counselor, at 11 o'clock at night, has an ethical responsibility to follow up with that client, and to make sure that the client is okay. And to assess first, serious and perceivable harm, and so, when you go ahead and say, "These are the expectations," then the client is also understanding that they can't reach out to you at 11 o'clock at night via social media, and they expect a response. But if you're going to check your client's page at 11 o'clock at night, then you have ethical responsibility. So it's kind of a double-edged sword. It's great information, but you need to understand that if you have access to it 24/7, and you use that access 24/7, then that means you have an ethical responsibility 24/7, too.

Dr. Daniel-Burke: This brings up, also, all kinds of questions regarding self-care for counselors. Those of us who've been in this field a long time know that you need to have specific hours that you work, and you need to have specific hours when you're off -- and I mean really off. And that really is a very important part of self-care when you're seeing a lot of clients every single day and every single week. So if you establish those particularly in your informed consent, and you say, "I work 9 to 5, Monday through Friday, and after that you need to go to -- if there's an emergency, call 9-1-1 or go to
- Emergency Room", or whatever you've decided is your after-hours message. It really helps. It helps us practice self-care, which we're often telling our clients about, and we need to do it ourselves.

**Dr. Wade:** Yes, and I'm really glad that you actually brought up this self-care aspect, because that was another theme that I found in my dissertation; was this feeling of compulsion, and on some level, a level of resentment towards clients because we couldn't turn it off, because they did expect us 24/7 response time. Which is why that informed consent, and establishing those boundaries, is so important because you do need to turn it off, and you need to be able to turn it off, and it's really difficult for us, as counselors in general, to turn it off. And so, if you don't establish those expectations, then clients are left with this idea that you really are going to be accessible for them 24/7, and that's not realistic and that's going to get you burned out very, very quickly.

**Dr. Daniel-Burke:** A member sent me an informed consent a couple of weeks ago to look at, and I thought it was great that this counselor had, in her informed consent, "You may not look at your telephone during our sessions." That you either have to turn it off when you come into the session, or you have to leave it in your car, or leave it wherever. But you cannot. That is an agreement we have, that you will not look at your telephone during sessions. Have you seen that?

**Dr. Wade:** I have, and I always encourage our members to do things like that when they really want to make sure that their clients are present. I struggle with that sometimes with my teenage clients, who want to text during the middle of our conversations, and then I'll have to go, "Okay, no. That phone needs to turn off, because you're not focused on you." And that was another theme, was that once you open that door and they're allowed to bring their phone in, and have that access to everybody else outside of the therapy room, you've now invited everybody into the therapy room. And so, it can counteract a lot of what you're doing. So again, that's why establishing those boundaries is so important.

**Dr. Daniel-Burke:** And even in our society, this is kind of on aside but even in our society, when you're out to dinner with somebody and they keep looking at their phone, it feels rejecting. Do you know what I'm saying?

**Dr. Wade:** It absolutely does.

**Dr. Daniel-Burke:** Yes. Okay, next question, what about the social media effect? People exaggerate on social media, therefore how can clinicians trust the information?

**Dr. Wade:** I think if you think about it, and I love saying this about social media and the use of technology in counseling, these are really the same type of concepts, they're just packaged differently. And one of the things that we experience, as counselors, is really
- what I call the doorknob effect, which is, as soon as they're starting out the door, that's when they drop the bomb on you.

**Dr. Daniel-Burke:** Yes, right. “I forgot to tell you.”

**Dr. Wade:** Right, the last five minutes is where all of the information comes from. And so, you can see patterns within people's social media use. For example, if you have a student, you have a client who's a minor in high school, and they're having problems connecting with other individuals, or they feel disconnected. You can see, on their social media, if they pull out their social media site, what are they associating with? Or in their Twitter feed, how are they bringing themselves? People say they're angry all the time. Okay, well, let's look at your Twitter feed, and see that most of the time you use caps all the time, or you are always negative in these. You never post anything positive. So maybe I'm going to challenge you this week, for there to be one positive thing a day. I just engaged in this new challenge for 2015, it's called the Gratitude Project. And so, every day, I'm challenged to come up with something that I'm grateful for every day. And let me tell you, on days, there are some days where something grateful really is just -- I'm glad tomorrow is another day, sometimes. But it still makes me think about my day, and I have to say -- there was at least one good thing that happened today. And that helps you kind of move through all the negative and all of the stress, and it really is something that you can also keep track of, through the week, "Okay, well this week, all was, "Tomorrow is another day." Then what was going on this week that made it so bad? Let's talk about that. And let's talk about you being able to say, "But tomorrow's another day", instead of dwelling in the badness of today."

And so, it gives you an idea of trends and patterns within behavior, but it also allows us to see this real information versus the recollection of our clients. I think we all have had clients who like to make themselves look a little better than they probably actually are. And so, seeing them on social media, you can maybe see the patterns of, "Okay, they only post really positive pictures" or "this selfie is really flattering," but it only shows from the neck up", or must have to have make-up perfect, hair perfect -- I think it's really good to ask them the motivation behind some of their postings. And so, that goes along with seeing the masks that people put on. We do that outside of social media. It's very rare for you to see somebody outside in public that doesn't have some sort of social mask on. So of course, you're going to see it in social media too. And so, it's a way for you to kind of see and explore that social mask in a safe way.

For instance, you can use a Facebook profile as a way to explore how you think you're seen by other people, versus how you see yourself. So you set up the profile in one way, versus another way, and you can see the contradiction -- or not the contradiction, if there really is a lot of similarity -- and get feedback also. That's also really good information to see. When somebody says something really negative about themselves, helping them see -- but look at all these comments from people who say, "I don't know
- what you're thinking. That's not the person I know." And so, helping them see how other people see them, too.

**Dr. Daniel-Burke:** Yes. Is social media -- is it more a generational thing, or is it not?

**Dr. Wade:** You would think it would be. And while I would say that Generation X and Y, and the Millennials, are the ones that probably started the influx of the use of social media, we're actually seeing it increase over all generational spans. And so, just to give you an idea, if you look at the numbers of population for the top 10 populated groupings, like China, India, Facebook. Facebook has more users that are in the United States, and actually 7 out of the top 10 max numbers are social media sites. You also have to take into account that the fastest growing demographic on Twitter, is the people that would be considered grandparents. And really, honestly, it's just about also looking at who uses social media. It's not necessarily just generational, but it's also how people are using it. For instance, wearesocial.net, says that 71% of online individuals who live in urban areas use Facebook on a daily basis. Suburban is 72%, and rural is 69%, so it's not even just, "Okay, in the city it's being used." It's being used everywhere, at a pretty consistent rate. And so, in comparison to the fact that -- it would be easy to say that around 29% of the world's population is on social media. So while it may be somewhat generational, it's influencing all the other generations too.

**Dr. Daniel-Burke:** Interesting. I know one thing that we have heard a lot about, as counselors, is World of Warcraft and those kinds of games that become a social gathering place for certain, particularly adolescents, and the young adults, and they get a sense of mastery from being on these World of Warcraft games, things like that. What's that about? What is your opinion? Is it about mastery? We're seeing a lot of adolescent clients coming in. Usually, their parents bringing them in saying that their school grades are falling because they spend all of their time on World of Warcraft and these other games, which also have a social media aspect to them. Can you comment on that?

**Dr. Wade:** Yes, I think that they are ways to escape. We saw an influx of this when you had the increase in gaming programs, and gaming systems. We've started to see the increase of it. We've started to see an increase of it when TVs came along. I mean, you have latch-key kids being put in front of the TV. So I think this is just the new version of that because it's a way to occupy your time, to get lost in a different world. And so, it can easily be put into a situation where you really do get lost, and you play into this world that you've created. And that is where, probably, this idea of making yourself better than you actually are plays out. Because you can run away from the negativity and these really bad perceptions of yourself, and you can create who you are going to be.

On the flipside of that, it's a great way to explore better ways to be, too. So it's about trying to translate that to reality. And I think what happens, is that we get individuals who get trapped in this happy place, and don't want to take the risk of translating it to the real
- world. But truthfully, you have that anyway. We have people that get lost in books. We have people that hide indoors that aren't socially interactive because they're afraid of what those social interactions are going to be. And so, it's magnified, I think, with World of Warcraft, and things like that, but it started out as really just a gaming platform, and then just expanded as a way for you to be part of the game, and then people were engaging with other people. And that's a great aspect, but it's not being translated to the real world.

**Dr. Daniel-Burke:** Yes. So for example, a guy who is kind of slight and kind of short, and is really a tiny guy, could be a big powerful warrior on World of Warcraft. Correct?

**Dr. Wade:** Right, and so what a counselor could do -- because this is a really great example -- is use that World of Warcraft character as a way to help the client see himself as a powerful man. Because yes, you are a powerful man, but what is it in that world that makes you powerful? It's not really the avatar that you've created. It's the skill sets that you've developed. It's the way you're playing the game. Your mind is intelligent and your mind is powerful. And so, helping them begin to really translate it, again, into the real world. Okay, so they interact well with -- take the shy individual who doesn't interact well with the opposite gender, but you can online, because there's no fear of rejection because it's not face-to-face. Okay, well then, let's play this out online. Let's work through that. The agoraphobic who is scared to go outside, well, let's walk through Second Life and some social interactions, and see that maybe it's not so bad. The individual who suffers from PTSD, walking through a traumatic experience, and re-examining it and re-imagining it in a more accurate way, has proven to be really useful for successful PTSD treatment. And they use virtual reality in that way. It can be really useful. Again, you have to know what your purpose is, and know why you want to do it, and how you're going to do it.

**Dr. Daniel-Burke:** Those are really good points. You're really going to give a lot of counselors something to think about with that. So thank you for that.

**Dr. Wade:** Good, that's the intent of this podcast.

**Dr. Daniel-Burke:** That's right. Okay, another question: Do counselors need specialized training in order to use social media?

**Dr. Wade:** Again, first off, you need to know what your state regulations are. Very few states, unfortunately, technology has advanced way faster than our licensure laws or regulations, so very few states have anything regarding actual training when it comes to distance counseling. Most will say that you have to be licensed in their state if you're going to engage in the use of technology, but that's kind of it. But for example, Arkansas actually says that if you're going to engage in the use of technology, you need 12 extra credits.

**Dr. Daniel-Burke:** Wow. 12? That's a lot.
Dr. Wade: Right. So they were thinking ahead, and saying that you needed some training. I do think it's 12 clock hours and not necessarily credits. But still, it's a number of progressive training. Ohio is going that way. You need to know what your state says. I think we're going to see that states are requiring that more and more. There is the distance credentialed counselor offer by the NBCC, that I think if you're going to engage in the use of technology, you at least need that training. You may not pursue that certification, but it's really useful to see that, because its approach from -- first off, the usefulness of it as well as the ethics behind it, the legal considerations. Let's think about HIPAA, all of those things that you may not even think to ask.

Dr. Daniel-Burke: If a person is interesting in getting that certificate, how do they go about it?

Dr. Wade: Well, they can go to NBCC.org, or to the Center for Credentialing and Education. And go to the website. Also, you can just do an internet search for "distance credential counselor", that's what I always do, because I forget the actual website. And they had a list of, I think, there are now three providers that have been approved by NBCC, that supervise the training, that they actually have a listing on the website. There are a couple of other approved trainers, I think, that are out there. But you can just click on those links to go and find a provider than you kind of click with, and meet your needs. And so, the training's all online, it's move at your own pace for most of those. There are some that offer in-person trainings, but they're finding that that's not really as necessary anymore, since you are doing a lot of it online anyway. You need to interact online. And so, most of the trainings are done purely online at your own pace.

And so, it's about 15 clock hours of training to receive the DCC, to apply for the DCC. You do have to be a fully licensed counselor, though. So there is all that counseling education and experience that you need to have first and foremost. But 15 extra clock hours which count to your continuing education credits when you need to renew your licensure, of just sitting down and going through the webinars. And they're very interactive. There are videos, there are PowerPoints, there are questions and answers. So it's really very interactive actually. And the time really does kind of fly but set aside a really quiet weekend and you can be done with your training.

Dr. Daniel-Burke: That's a really good idea. Is there any best practice information you want to give us?

Dr. Wade: I would say best practice is really knowing who your audience is, and your client, and knowing what is okay and what's not okay. If it seems a little off, it probably is. So, really, trusting your training. And again, understanding that these concepts are the same concepts, they're just packaged a little differently. Also, again, I think if you're going to engage in the use of distance counseling or technology or social media, you do need some sort of training just because there's so many elements that you don't think about when you first jump into it. I can't tell you the number of members that we can
- phone calls from, that are saying, "Okay, my client wants me to do this. But how do I go about doing it?" And they haven't considered time zone differences. They haven't considered anticipated response times, very small things that really could pack a very powerful punch in the therapeutic relationship if you don't address them head-on, straight from the start.

Dr. Daniel-Burke: This is probably a good time to ask this question: Is Skype HIPAA compliant?

Dr. Wade: Skype is not HIPAA compliant. And the reason Skype is not HIPAA compliant, is because Skype will not sign a business associate agreement. They meet the security standards, they meet the encryption standards, but they won't sign a business associate agreement. Apple won't sign a business associate agreement, so Facetime is not HIPAA compliant either, but Google Business will. So you could actually do Google+ with your clients, which is a video chat. And also, within those training sites, I know that there's at least one of the training sites that breaks down all of the different web conferencing services that are out there, by price, by whether they're HIPAA compliant; all of that. So that's another reason why to get the education on this material, so you know that you're meeting the regulations that you need to meet.

Dr. Daniel-Burke: It's so important, because many clients are using Skype and thinking it's fine, and it's really not. It's not HIPAA compliant at this time. It might change, but at this time it's not HIPAA compliant. So there's really a concern there, because a lot of counselors don't seem to know that. Do you agree?

Dr. Wade: I do agree, and it's a little scary to me.

Dr. Daniel-Burke: It's a little scary, that's right.

Dr. Wade: Yes.

Dr. Daniel-Burke: Okay, I'm going to ask our last question, which is really a wrap up question: ACA now has 55,000+ members, most of whom are clinicians. What have I not asked you that you want our members to know?

Dr. Wade: I think you've asked me everything, but I did want to stress another point, about the difference between having a professional presence on social media, versus a personal presence on social media. Again, in A.5.e., we say that you can't have a virtual personal relationship with a client, but we do allow, in H.6.a., to have a virtual professional presence. And the key to doing that, really, is separate accounts, so not using the personal e-mail address that you use to set up your personal Facebook page, to set up your business Facebook page and the reason being, because they'll link together. And then you do run the risk of your clients having access to things that you've tried to make private and keep from them, that could impact that relationship. So for
instance, I actually do have my personal e-mail address for my Facebook, but my professional e-mail address was used to set up my LinkedIn account. So if for some reason, I did want to connect with my clients through LinkedIn, and there was a rational reason to do so, I could connect with them because it's connected to my professional -- but even though that's technically my personal LinkedIn page, it's associated with my professional e-mail address, and I don't do anything unprofessional on LinkedIn. But I would never dream of linking my personal e-mail address with anything that I interact with my clients on.

Dr. Daniel-Burke: Right. And I did see on Instagram the other day -- yes, I love Instagram, but I did see on Instagram the other day a counselor I know had one page for Instagram that was privacy-protected, and had another page where she talked about her clinical practice, and had things like affirmations and positive things to do when you're down, that kind of -- lots of inspiration and mental health hints and things like that. Is she going about it the correct way?

Dr. Wade: More than likely. I mean, I don't know what e-mail addresses are set up with that, but it does sound like they're very distinctly different accounts. And so, the only concern that I might have, is that it is very clear that they're owned by the same person. But the fact that she has locked the other account does make it, that she's at least cognizant that they could be connected. So that's good.

Dr. Daniel-Burke: I want to thank you so much, Dr. Michelle Wade, for joining us today, to discuss ethics and social media. I think you've helped lots and lots of people today, and I want to deeply and heartfelt thank you for that.

To view links to this program, to write to the presenter or the host, please go to www.counseling.org, and click on the podcasts page. This is Dr. Rebecca Daniel-Burke, your host for the ACA 2015 podcast series, signing off.