

Social Media and Counseling: Opportunities, Risks and Ethical Considerations

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Abstract—The purpose of this article is to briefly review the opportunities that social media present to counselors and psychologists. Particular attention was given to understanding some of the more important common risks inherent in social media and the potential ethical dilemmas which may arise for counselors and psychologists who embrace them in their practice. Key considerations of issues pertinent to an online presence such as multiple relationships, visibility and privacy, maintaining ethical principles and professional boundaries are being discussed.

Keywords—Social Media, Counseling, Risks, Ethics.

I. INTRODUCTION

SOCIAL media are becoming more embedded into our everyday lives, changing how people interact both personally and professionally. Most mental health practitioners are being overwhelmed by the constant changes in digital technology and find that helping clients navigate their offline as well as online lives challenging. A large divide exists between young people that are considered “*digital natives*” as they have been interacting with digital technology from an early age and have better understanding of its concepts, compared to a great number of “*digital immigrants*” mental health professionals who have adopted these technologies to some extent later in their lives [1]. The purpose of this paper is to review some of the innovations the thriving development of Social Media has brought, as well as discuss important risks and the potential ethical dilemmas which may arise for counselors and psychologists who would be willing to embrace them in their practice.

II. OPPORTUNITIES

The advancements of technology and Social Media have afforded mental health practitioners the opportunity to do research and provide services in more unique and far reaching ways than before. Researchers can recruit subjects and easily extract data without specific geographic, time and/or mobility constraints. Furthermore, the use of confidentiality protocols and anonymity features makes online psychological research simpler and facilitates healthcare surveys by reducing the stigma that is often associated with completing such questionnaires [2]. Social Networking Sites, for example, hold promise for improving their ability to screen depressive symptomatology [3], as they have become a venue for people to disclose online depressive feelings [4] and announce

possible suicide attempts [5].

Social media such as Facebook have the possibility to become not only a personal tool, but also a professional one. Their use as possible sources of health information is rapidly growing [6] therefore creating an online profile for professional reasons has the potential to be used as an extension of a counselor’s practice. An online page can be strictly professional, displaying a therapist’s philosophy, upcoming seminars, books, and other information. Clients in the comfort of their own chosen location (home, work, etc) have the opportunity to search and contact a therapist and work in resolving life and relationship issues, unhindered by barriers related to geography, guilt, shame and stigma. Practitioners are able to conduct sessions with patients that are homebound or do crisis interventions between in-person sessions [7].

Social Media could be utilized for the clients’ benefit and be a valuable tool for counselors and psychologists in creating intervention initiatives for young adults who utilize Social Networking Sites in their daily lives. The sharp rise in texting help lines (communicating through text messages from cell phones or chatting online on Social Networking Sites) rather than calling the traditional 800 hotline numbers shows that digital technologies and Social Media help improve not only the access to therapeutic interventions, but also the therapeutic experience [8]. Therapists are able to create and provide follow up programs and protocols that can be sent out to people daily, weekly, or monthly via text, audio, or video, for example reminders to take medication, exercise, use a journal, etc. Therapeutic sessions online can assist in delivering care for anxiety, depression and other disorders via the Internet or mobile phones as well as via computer programs that can be used as alternative for face-to-face therapy, or in combination with other treatment modalities [9].

Traditionally, counselors obtain information about a client through face-to-face communication. Social Networking Sites such as Facebook create an environment that can foster in-depth self disclosure [10], therefore becoming a source of vital information in understanding the client’s behavior, as well as a more intimate depiction of what the client is experiencing. Having access to the online profile or openly discussing Facebook and the client’s online interactions during counseling sessions could be used not only to gain further insights into their thoughts and behaviours [11], but also as feedback for the course of the therapeutic process.

III. RISKS AND ETHICAL CONSIDERATIONS

As the online world often overlaps with real life,

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professional and ethical issues increasingly arise and will inevitably invade the practice of counseling and therapy. Mental health practitioners should be aware of the potential risks if they choose to interact with clients online, as there is little agreement on whether it is appropriate to have relationships with clients via Social Media. Traditionally, clients know little about their therapists outside the consulting room, but complications could arise should a client seek information about the therapist online or pursue a relationship on Facebook or via other social networks. Young clients may easily send an e-mail or text with intimate details, or post a *Friend Request* to their counsellor's Facebook page. On one hand, denying a client's invitation could potentially lead to feelings of rejection and abandonment, but on the other hand, approving *Friend requests* from clients and allowing them access to sensitive personal information could lead to the development of dual relationships [12].

Psychotherapists must explore their own feelings, wishes, as well as counter-transference reactions to the client, his or her *Friend Request*, and technology. The possible impact on trust and potential harm to the therapeutic relationship are great if there is no specification of the parameters of such involvement and if therapists do not make clear distinctions between their professional and personal lives online. The APA Ethics Code [13] cautions against entering into multiple relationships as that can impair the psychologist's objectivity, competence, and effectiveness in his primary role. Facebook offers a variety of privacy settings that could help a mental health practitioner set therapeutic boundaries, customize the possible visibility and minimize the exposure of personal information from wall posts, status updates, friend lists and family members, tagging in personal photos or videos and game applications [14].

It is becoming imperative to create a clearly outlined policy regarding the correct use of Social Networking Sites in order for mental health practitioners to maintain ethical and professional boundaries with clients [15]. Equally important is including the rules of this policy in informed consent and discussing it with clients. Practitioners should be responsible for their web presence and should be aware that social media activities can blur the boundaries between personal and professional lives. For example, *Googling* clients or reading their blogs without them being aware may be argued that it borders on unethical practice. Either way, regardless of the client's awareness, it can change the therapist's perception of the client and negatively impact their relationship [16]. In the same sense, therapists must keep in mind that anything they post online might be seen by a wide audience, and might be permanent – even if deleted. If they have a professional blog or Twitter account, they must be sure that comments don't identify clients – even to themselves [17]. A helpful tip could be to regard social media as a virtual office door: only post on your page what you would not have trouble displaying in your office where clients might see it [18].

Additionally, therapists should be aware that there are other online places where they might cross paths electronically with clients (e.g., when buying or selling items on websites). It is

better to use two different e-mail addresses and be mindful of whom they share each with, but also to Google search their personal and professional information occasionally to see if their identities cross paths [7]. Professional networking sites such as LinkedIn can be more of a grey area, but keeping profile and contacts non-public is wise. Regarding Facebook, it is highly recommended for therapists to remove themselves from searches, to make their friend lists private, to regularly remove tags from photos and videos, and to make sure that their contact information is not visible to people they do not want to see it. Furthermore, if they are connecting with people from different aspects of their lives, therapists could restrict certain parts of their profile by creating different groups (e.g., "Work Contacts," "Acquaintances" etc.) with different levels of visibility and access [19].

In conclusion, regarding the use of Social Media in online therapeutic interventions, the body of knowledge concerning the process and outcome, the relationship between counselor and counselee, the characteristics of online counseling, and the ethical considerations for delivering therapeutic interventions online is constantly growing. However, there are various issues that should be taken into consideration; for example the levels of skills regarding technology usage, confidentiality and privacy online, the lack of non-verbal cues when using text messages, as well as the possible feelings of boredom that clients might experience in online sessions. The potential effectiveness of online counseling, the establishment of a therapeutic relationship in cyberspace, as well as the potential benefits and challenges of working online with clients are still the topics of major debates [20].

IV. CONCLUSION

Given the pervasiveness of Social Media, striking a balance between effectively connecting with clients and maintaining an adviser's personal life is challenging [17]. Mental health practitioners are becoming aware of the fact that the use of Social Media within the context of their work is not a part of their training and that could potentially have important implications in adapting their practices to this new digital reality [21]. The fact that psychologists are working with clients that face an increasing variety of technology-related problems (e.g. trolling, cyberbullying, Internet and Social Media addiction, the barriers between kids/teens and parents, and online interactions between teachers and their students) increase the importance of creating specific Social Media policies, training courses as well as supervision for mental health practitioners that are embracing Social Media in their practice [22], [23].

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