

NAADAC
SOCIAL MEDIA AND ETHICAL DILEMMAS FOR BEHAVIORAL HEALTH CLINICIANS
JANUARY 29, 2020

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>> SPEAKER: The broadcast is now starting. All attendee are in listen-only mode.

>> Hello, everyone, and welcome to today's webinar on social media and ethical dilemmas for behavioral health clinicians presented by Michael G Bricker. It is great that you can join us today. My name is Samson Teklemariam and I'm the director of training and professional development for NAADAC, the association for addiction professionals. I'll be the organizer for this training experience. And in an effort to continue the clinical professional and business development for the addiction professional, NAADAC is very fortunate to welcome webinar sponsors. As our field continues to grow and our responsibilities evolve, it is important to remain informed of best practices and resources supporting the addiction profession. So this webinar is sponsored by Brighter Vision, the worldwide leader in website design for therapists, counselors, and addiction professionals. Stay tuned for introductions on how to access the CE quiz towards the end of the webinar immediately following a word from our sponsor.

The permanent homepage for NAADAC webinars is www.NAADAC.org/slash/webinars. Make sure to bookmark this webpage so you can stay up to date on the latest in education. Closed captioning is provided by Caption Access. Please check your most recent e-mail or our Q and A chat box for the link to use closed captioning. We're using GoToWebinar for the today's live event. You'll notice the control panel that looks just like the one that you see on my slider here. For some important introductions you've entered in to what is called listen-only mode. That means your mic is automatically muted to prevent any disruptive background noise. If you have trouble hearing the presenter for any reason, continue switching to a delve line for the audio option which is right next to the orange arrow in your GoToWebinar control panel. You can use it any time to minimize or maximize the control panel, and if you have any questions for the presenter, just type them into the questions box.

We'll gather the questions and I will pose your questions to the presenter during our live Q&A. Any questions that we don't get to we'll collect directly from the presenter and post those questions and answers on our website.

Now let me introduce you to today's presenter. Mike Bricker is a behavioral health clinician for strong integrated behavioral health in Eugene, Oregon, where he specializes in providing trauma responsive care to participants in treatment for substance use disorders, complex trauma, and chronic pain.

Bricker is also a consultant on dual covering from substance orders and mental disorders through the STEMSS institute and specializes in blending research based tradition with other wisdom tradition. He has educated counselors in Alaska, the Navajo nation and Oregon.

Bricker is a seasoned trainer who presents regularly at national conferences. And is a NAADAC approved education provider.

He has a clinician, consultant and teacher for over 35 years. NAADAC is delighted to provide this webinar presented to you by this accomplished trainer. So Mike, if you're ready, I'll hand this over to you.

>> Okay. Thank you, Samson, and welcome to all of our participants. The title of today's webinar is or the subtitle is it is not the car you see that runs you over. It is the car that you don't see coming. And this is kind of a metaphorical approach to the growing complexity of the issue, social media and its impact on our clinical practice. So we have a couple of session descriptions for your review. A lot of the social media platform simply didn't exist approximate when many of us were in graduate school and learning about the ethics of our profession and, most particularly, they didn't exist when the professions that taught us in graduate school. So we'll explore some emerging challenges and looking at some of the virtual interactions that we have with each other.

So a couple of learning objectives for today, hopefully, by the end of this, you'll be able to recite the ethical guidelines that are germane to your particular practice. You'll be able to identify some of the ethical issues that are inherent in working with social media. And really develop a more -- a greater comfort level on working and also talking with our colleagues and sharing with each other because things are moving so fast that our ethics codes can't possibly keep up.

So here's our first polling question, and I'm turning it back to Samson.

>> Thanks, Mike. Your polling question will pop up if had just a moment. The question asks which professional code of ethics applies most to your practice? I'll go ahead and launch that poll. It will pop up on your screen. Every attendee will have an opportunity to answer this poll as we collect the responses. As a reminder for any questions you have for Mike, please use the questions box on your GoTo webinar control panel. You can submit any questions you have for our presenter. We'll post those questions to the presenter during a live Q&A, and stay tuned for instructions on how to access the CE quiz towards the end of the webinar. Immediately following a word from our sponsor, Brighter Vision.

Right now, 70% of you have voted on the poll within less than 30 seconds, that's awesome. I'm going to go ahead and close the poll now right at 75%. I'll share the results and turn this back over to Mike.

>> Okay, Samson thank you. And I'm waiting for -- I'm waiting for our slide to appear.

>> Oh, sorry, Mike. Did you want to speak to the results.

>> I mean, yeah, it looks like we have a really good representation among different professions. And we are going to just very generally speak to the ethical requirements that are involved in each of those ethical codes. So thank you for -- thank you for voting. Obviously these are some of the more common -- some of the more common social media platforms and some of the things that they're used for. I particularly want to call attention to the GPS enabled option because not only are our phones, GPS enabled and, of course, you can turn that off in your settings, but many of the photo apps on different phones automatically take photos with not just the time and date but also the GPS coordinates of where the picture was taken, so that's an

opportunity for people who want to follow us that we may not want following us. So looking at just some definitions for social media, according to Webster, is any form of electronic communication such as websites and so through which create on-line communities, that's the important information, sharing information, personal ideas, and other things, and there are tremendous number of them.

And social media, this has changed our world in ways that we're only beginning to understand, so the times, they're a changing, and we can't possibly foresee all of the pitfalls in advance. So this is one of the reasons why it is so important to have a collaborative cooperative and collaborative conversations with each other. One of the things that we will talk about is using websites and some of the pros and cons of that. And I certainly recommend Brighter Vision for that endeavor. If you're interested in having a website of your own. But is kind of like the face of counseling in the digital age. Things really have changed and the old days of sitting in a chair in the 50-minute hour are rapidly becoming a thing of the past.

So there are many apps here. I don't know some of these. But there are a tremendous number of apps out there. The latest one that is kind of interesting is TikTok which is kind of the latest generation Z trend. Pardon. Douyin, as it is known in China, is a mobile only social network for people to post 15-second videos, often very humorous. The fastest growing social media platform, 500 million plus users across 150 countries, currently outranking everybody else in terms of Apple's App Store. So this is a real shift in the way that -- in the way that we look at these things.

And it is owned by the Chinese government. So the opportunities for some inclusion -- some intrusion are certainly there. The ethical dilemma that we all face is really that our technology is technology is advancing than our code of ethics can keep up. The new reality is our kids are often much more adapt at this, much more adapt at this than we are. There's some differences between digital natives, people, in other words, people who grew up with computers and people who are digital immigrants, people who grew up in the time before we had computers as an every day thing. And you know, digital natives really prefer a much faster paced and multitask type of environment with a lot of user generated contact, a lot of interactions in real-time through social media.

Digital immigrants, we tend to prefer controlled release of information from sources that we're familiar with. We like to focus perhaps on one or two tasks at a time. We're much more comfortable from getting information from text, and I don't mean text like phone, I mean like text like book. There's more of a need for private introspection and being thoughtful about things. And generally we like things presented listen rally and logically and in kind of a sequence that we can understand.

So Generation Z, you're all familiar with masse low's hierarchy, even this has changed. And so moving on, these are so, so many of the social media platforms that are available, and they tend to kind of fall into four big categories of conversation and participatory and for sharing and for publishing. So social media is a really broad term, and all of these websites, and particularly things like WordPress, YouTube, Twitter is certainly much more in the public consciousness than it used to be. Some people consider Twitter a four-letter word. But there's a lot of emphasis on live casting and things like that. And even virtual worlds where, like, farmdale and some other things. You may not have heard of them but your clients certainly have.

So the expanding digital world is actually shrinking the world in which we live. In a lot of ways the social networking sites are kind of ushering in a small world an on-line environment that is pretty familiar to folks who practice in rural and frontier settings. Clinicians in remote areas have to deal with more visibility and transparency than the urban counterparts for a long time. For instance, in a small village, everybody knows where the counselor lives and so it is a little bit more difficult to maintain, one has to be much more conscious of boundaries and how best to maintain them.

So some ethical concerns and considerations, I borrowed information here from the American physical therapy association but I think it is a good summary, how to manage your identity and your professional image on-line. It is important to perform electronic audits to monitor your on-line presence and to maximize your privacy settings. Be aware that you're keeping a dual citizenship. There's your private self and your public self on your social media platforms. Developing a biographer for patients and others to find when they're using search engines to look for you. Being professional in the way that is we utilize social media, understanding that everything you post is there forever. It is always out there. Just because you delete it on your laptop it is on a server someplace and can be found again, as some folks have discovered to their display.

Refraining from posting potentially identifiable vignettes and things on-line, unless you obtain the patient consent, obviously. And this is where it gets kind of difficult is using secure messaging and communication for patients for their, but if they're not available, providing informed consent that, you know, anything that is shared in e-mail is most likely not confidential unless you're using some kind of a privacy encryption such as barracuda is one that I happen to be familiar with. So these commonly used social media, we're all familiar with Facebook. Twitter is kind of a mini blogging experience with content that's limited to the number of character that is you can use. Most of us are probably on LinkedIn because that's a very useful site. And there's Instagram which is the ability to share photos and videos, and we talked a little bit about TikTok.

Look at Facebook. Facebook is the most used by Americans that are age 18 or over. 901 million monthly active users, 927 million to connect with friends. Interestingly, 81% of psychology graduate students have a on-line profile and a third of those are on Facebook and this data is from 2010. So I wonder how much has changed since then. Well, if Facebook was a country, it would be the third largest country in the world behind China and India. More than double the size of the U.S. population as of 2011. And the ways that it is being used two -- almost 2.5 billion people are active on Facebook. On average, almost an hour spent on Facebook every day by the people -- by the people who were there. And just a growing number of data sources usage statistics that indicate how pervasive this has become in our -- in our culture. So some dos and don'ts as far as social networking. Some of it is pretty common sense. By all means use your privacy settings to save guard what your personal information and your content is and how it is used. Be very clear about your professional boundaries in your social media postings. Maintain dual citizenship, maintaining separate personal and professional identities on-line and if you come across any inappropriate content, bring it to the attention of a colleague if you can or, you know, relevant authority rather than responding, you know, to the content directly. And just be aware of the effect that on your reputation with patients and colleagues, as well as the responsibility that each of us has to our professions. Obviously some of the don'ts, certainly posting any identifiable patient information on-line, even inadvertently. Representing yourself as an official representative or a spokesperson for a place of employment or professional organization unless you're authorized to do that. Certainly no vulgar or offensive language. Don't display language, photos or cartoons that imply any disrespect for any individual group because of age, race, gender or perhaps political orientation as well as sexual.

Don't present content that might be interpreted as condoning or encouraging irresponsible substance use. There are people who have lost jobs because of things that they posted while they were on vacation. And you know, being surrounded by a bunch of laughing people with umbrella drinks in their hands, sometimes require some explanation for it. And it is not so much for employers but, you know, if your clients are looking for an excuse say, well, see, my counselor does it, and obviously flaming people on-line is not a good idea.

And if we do that, it is the law of unintended consequences. We join the Homer Simpson parade of regretting what we've done.

So let me back that up. I, yeah, how do we go about setting privacy tool, setting these boundaries? And these are some articles from a author named Kristin. I'm not going to read the whole slide but I've kind of yellowed in some things. You're welcome to read the slide at your leash because there will be a PDF posted on the NAADAC website, but it is important to use privacy tools to make your personal profile, the one you share with your friends and families, as private as you can make it. This may not prevent your clients from seeking you out on-line but it limits the amount of information they're able to access.

And important to go to friends only because if you activate friends of friends, then have you lost all control because that's not just friends of your friends, that's friends of their friends of their friends and that daisy chaining can go on almost forever.

So when you get a friend request, mental health ethics experts, including myself, although I'm not necessarily an expert, but we certainly recommend against having clients as Facebook friends. It just, it complicates things on so many levels. It impacts our therapeutic relationship. Having access to detailed personal information significantly effects the relationship that you have with your patients on both sides. They can easily mis interpret that this is more of a friend ship type relationship rather than one that honors professional and therapeutic boundaries.

When you're looking at how to market your practice on social media, setting up your business or Facebook page, think of it like a business card. It is a business card or it is an ad that you've taken out, you're introducing yourself to potential clients and here are some tips on how to do that effectively. Remembering that likes and comments are often public. Not everybody else uses privacy settings. So if you like a public post or leave a comment, anybody will see that activity. So be very careful when you're liking posts, even those from other private practices or therapists. And consider how your likes and comments might reflect on you professionally and the practice you're trying to promote.

Building a social network is very, very important, and it is a terrific way to collaborate and to -- to hook up with other -- with other professionals, trade ideas. But it is really important to cultivate an active awareness of potential ethical concerns, not just a passive we'll try not to do anything but to be really proactive. It is important to respond -- avoid responding or interacting with posts that you see as being un professional. If another therapist or practice page shares informs you that feel is perhaps more inappropriate, it is best to bring that to their attention directly or rather post a private message or contact them in some other way. Because any comment you make is going to become part of the permanent public record.

One piece of advice is on your web pages, consider prevent incoming messaging, not that people can't contact you by e-mail but text messaging coming in can really put you in a compromising situation unless you're spending the time that's necessary to post or to review those posts on a daily basis. So post your contact information clearly, just as you would with a business card. In fact, my business card is part of my contact information. And so in conclusion, you know, things are changing really fast. And you know, going to a pen and paper ethical code of ethics on-line, some of them are not as up to date as -- or as useful as perhaps they might be simply because things are changing so fast. Continuing education courses on the other hand often are a little bit more up to date and are a little bit easier to keep current. So, okay. Back to the future. Back to the days of the Jetsons. Ethical standards when it comes to technology. Both the American counseling association and the American mental health counseling association have reasonably up to date advice and information that may be relevant to setting up your website. What are some of the disadvantages of social media? Well, one of them is certainly cyber bullying, and those of you who work with adolescents and young people are well aware of how devastating that can be. But also for us as adults, you know, it is really easy to flame somebody in a moment of anger and regret it later. There's a certain risk of fraud and identity theft. And of course, we've talked about some of the privacy issues. But what are some of the other advantages? Well, one of them, I think, is really that social media are specifically designed for fast and furious communication at the speed of thought with you

unfortunately the focus is usually more on speed than on thought. So it is important to take a breath and before you hit send and make sure that what you're sending out there is going to look good ten years from now. Another social media is at the risk of becoming an echo nature. I call it the tyranny of likes and swipes. When we come across a post that we disagree, it is easy to swipe right and move on. But what that does is because all of the digital interactions that we have are being tracked by somebody somewhere, what they do is look at that, these ad organizations and these search engines like Google and stuff begin to selectively send things our way and we're deprived of the opportunity for dissenting and other interesting points of view that we may not have thought about. And so it is really important to recognize that, you know, you are not just a producer, you are a consumer on social media, and your consumption preferences are being monitored by folks who want to make money. So you have to decide to what extent you're willing to be a part of that.

So here's another polling question.

>> Thanks, Mike. Yes, everyone, this is a quick one. Just a yes or no or it depends answer, should you accept a friend request from a current or former client. I'm watching the poll now. This is one of several opportunities for you to interact with our. As you know, there's a time tracking tool to verify your attendance. If you have any questions for the presenter, just use the questions box on the go to webinar control panel. We have some excellent questions coming in already. Thank you for those. Any questions we don't get to through the live Q and A, we'll work with the presenter to get those answered and post it on-line in a Q & A document. Stay tuned for instructions on how to access the CE quiz towards the end of the webinar immediately following a word from our sponsor, Brighter Vision. It looks like 75% within 30 seconds, 57% of you have answered the poll. I'm going to go ahead and close the poll and I'll share the results so that our presenter, Mike, can speak to those results. And I'll turn this back over to you, Mike.

>> Thank you, Samson. It is interesting, I've been presenting some variation of this training for several years, and it is really interesting to watch that no line, to watch that grow. I think that there's a defensible, a defensible position for you know, being thoughtful about whether you're going to do that. But when I first began doing these a few years ago, yes was almost the default answer and it was much more evenly split between yeses and nos. So moving on. And moving back. The American social work boards and the American counseling association both have advice about taking reasonable steps to prevent clients accessing your personal information and accepting friend requests.

The NAADAC code, most of you, I noticed at the very beginning, our first polling question, many of you are members of NAADAC. And those of you who aren't I think should actively consider doing that. It's, this is your professional organization and is your voice in Washington, D.C. and other places when it comes to legislation and advocacy for the addiction field. Obviously NAADAC is very specific about not accepting friend requests and also deleting personal e-mail accounts where there may have been accidental access that was created. When you're using a personal and professional preference, again, this is the dual citizenship being very clear about which pages and profiles distinguish clearly between your virtual and your presence on-line. Another clearly explaining to clients and supervisees as part of informed consent. I mean, informed consent is a very, very -- very foundational part of any ethical considerations. What are some of the risks and benefits of confidentiality and boundaries around the use of social media? Being able to really explain clearly your policies and procedures about the use of the media in a clinical relationship if you choose to do that. And also, respecting the client or supervisee's right to privacy and not investigating the client or supervisee without prior consent. It has troubled me greatly having spent 20 some years doing drug court types of endeavors as a manager and as a clinician, it was very bothersome to me that probation officers and some other folks who are essential to the process and many of them are friends and colleagues of mine, but there was a, for awhile, there was a practice of actively stalking patients on social media and looking for parole violations or child welfare workers who

were not bound by a specific code of ethics like the American social work board. Kind of looking for reasons that might not otherwise be disclosed. I can understand why that might seem like a good idea but it really does raise some ethical concerns that are good opportunities for discussion. With colleagues and other folks. So one of the best ways, excuse me, to make sure that we're in compliance is to, rather than just kind of spit balling things and, you know, making it up as we go along, really looking at having a social media policy, and the things we need to be included in that, we've reviewed some of them already, and last but not least, certainly, are issues of confidentiality, particularly HIPAA and 42CFR. There are four social media HIPAA violation that is are really very surprisingly common. And you know, one of them is there are four major breeches. And remember, under HIPAA, these have to be reported. They have to be reported. So one of them is posting informations about patients to unauthorized users even if their name is left out, if there's any kind of identifying information that allows people to make an assumption by identity. Sharing photos of patients or other personal information without written consent. Often clients are eager to offer a testimonial or to say how what an important influence you've been in their lives but if you're going to use that it has to be written consent and the written consent has to include how they can rescind that if they choose later on it to not have their picture associated with your organization or with your practice. Sometimes sharing things while you're taking a picture of something else, I didn't include it in this but one of the slides that I have is actually a picture of a birthday party or a birthday celebration and there's a visual client information on a monitor, a computer monitor in the background.

A big mistake is assuming that posts are deleted or private when they're really not. Once -- once it is out there, it is out there. So the easiest solution, have a very, very comprehensive policy in place for how employees or people in your practice can use the social media.

So some tips for keeping them compliant. Develop a process for legal review of content prior to being posted if it is something that is a business nature. Keeping an eye on your social media communication that is controls or flags words or phrase that is might indicate HIPAA noncompliance. Many places, many workplaces now are limiting access to Facebook on-line because, you know, if that hour that people are spending on-line happens to be when they're supposed to be working, that's an issue.

Being able to preserve the format of communications, including edits and deletions and having those things archived so that you can go back. Having everybody be thoroughly understanding of the HIPAA patient privacy regulations and how they pertain and, of course, those of us in the drug and alcohol field are governed by the much more stringent 42CFR regulations. And find a way to develop metrics to measure the effectiveness of your media program. I mean, if you can't manage it if you can't measure it. That's kind of management 101. So looking at what are some sensible guidelines, establishing guidelines for both personal and professional, and looking at the privacy rules, dos and dont's, obviously, be professional, if you're identifying yourself as an employee, perhaps including a statement that your views are your own or remove tags on pictures that a patient posts to keep that picture off of your page or profile. That's, again, where the friends of friends of friends issue becomes an issue because somebody that you never met can put something on your time line. Obviously not participating if any on-line communication with patients, posting patient pictures or any of those kinds of things.

And it is really easy, sometimes, to do that, almost without thinking. We're so used to manipulating social media, information and inaccurate information are often issues to be dealt with in the realm of social media. Some of you may remember the Cambridge an lit cat scandal from a couple of years ago, and this is where that friends of friends of friends thing really came back to bite Facebook in the butt. What happened was they did an on-line survey and they asked the active participants in that survey to sign a release saying that their information was going to be used. But then they also collected information from all of the friends of the people

who signed up and also from the friends of friends of friends, and it wound up being, you know, millions of data points that were being collected. And even though Mark Zuckerberg has been in front of Congress and has promised to change that, it doesn't seem to be happening very quickly, and it is really important to remember that in the end, you're just click bait. All of us, I mean, those free things that we get, there's no such thing as a free lunch. And every mouse click that you make is being monitored by somebody somewhere with the hope of being able to use, not necessarily in a bad way, but in ways that you certainly don't intend when you like somebody's birthday picture on Facebook. We just talked about this using it to influence voter registration. There's a lot of concern now about how disinformation by other parties may influence our elective process. Facebook gained the world's biggest repository of on-line photos when they picked up Instagram. And it is the largest acquisition and so all of the -- all of the photos and posts that used to belong to Instagram now belong to Facebook, and so now they're able to be used., things that we don't usually think about. Face.com is an Israeli company that aloud integration of facial recognition software for all of Facebook photos. So what that means is, uploaded photos can now be tagged automatically used as generating suggestions are for who that person might be. You think, I mean, that's a little scary, for those of us who remember reading 1984. It gets worse. Clear view AI is a start-up very recent start-up, that is running a facial recognition database that is being used by law enforcement agencies all across the nation and in Europe. Pardon me. This database is made up of billions with a W of images that are scraped from millions of websites, including Facebook, YouTube, Venmo, TikTok, and others. Okay. So what does that mean? It is built-up a database of these images which my May have violated the website terms of service that you agreed to. But law enforcement agencies can now upload a photo of any person of interest and the system returns matching figures from the inter vet along to links of where those people are hosted. So this involves uploading photos to their servers, and it is unclear how secure those servers are. So this is really a little bit frightening, the person who wrote this article for the New York Times, found that she was being tracked with this facial recognition software while she was researching the article. Kind of a scary thing.

Okay. Now another polling question, and Samson, I'm turning it over to you.

>> Thanks, Mike. Everyone, you will see the polling question pop up on your screen in just a moment. The question asks, do you have a professional social media page? For example, Facebook, Instagram, or Twitter? Or a website in your name. You'll see two answer options, yes or no. Again, this is one of many opportunities to interact with your webinar presenter. As you're answering this polling question, keep thinking of questions you might have for Mike. Make sure to keep sending those questions to us in the questions box of your go to webinar control panel. Remember, we're really fortunate to have the worldwide in website design for therapists, counselors, and, Brighter Vision will share more about managing social media and website design.

We have 75% of you, three quarters of you who have answered the poll. I know some of you are calling in through a phone. No worries about that. I'm going to go ahead and close the poll and share the results so that Mike, our presenter, can speak to those results and Mike, I'll turn this back over to you.

>> Okay. Thank you, Samson and to everybody who responded to the polling question. It's interesting, again, in the years that I've been presenting something like this webinar, the pink yes line keeps getting larger and larger. It keeps growing. But it seems as though three quarters of the folks who are active in this profession don't have, not that there's anything wrong with that, but it rapidly becoming an aspect of business as usual. If you are in business, if you're in private practice, it is very difficult to maintain a business presence without having a media presence.

Now, let me explain about this slide. This slide has hot links to a number of the most common codes of ethics for mental health professions. These -- these hot links will not work in the way

that they normally would. But in the PDF that you're able to download from the website, you can either control click on them or copy and paste them into your web browser and you can access these actual codes of ethics and then do a word search for things like social media, Facebook, and things like that. I encourage you very strongly to look at what your code of ethics has to say about this. So we looked a little bit ago at the NAADAC ethics. This is somebody who looks at the 2017 code ethics and what are some of the things that relate to social media. A big one is about obtaining client consent, about doing electronic searches. Other informed consent procedures, ensuring clients are informed, what is going on with them. And I had this posted -- I had a really question posed to me at one point. Actually I was the one who pose the question, talking about somebody who was doing a search on Google for one of their clients, would you park across the street from their house and watch what was going on? They said absolutely not. I said, then how is doing a Google search about them different? And it is a thoughtful thing. I'm not necessarily saying it is a terrible thing but it certainly is a violation of privacy, unless, you have prior permission to do so. Being with communicating with clients using non work related things for nonwork related purposes, again, it's those boundary crossings which can really turn in boundary violations pretty quickly. You're going to see informed consent come over and over and over again, and you're going to see the word policy come up over and over again.

Again, reiterating the importance of not Googling your clients and posting information about clients on their websites clients can discover personal information based on their personal affiliations and use of social media, and what that means is your social media presence is likely to be investigated by some of your clients. I was explaining something to a client that I was doing an intake on earlier this week and I mentioned something and she said well, yes, I know, I read your bio. So she had researched me on-line. Which is, I think, is a good thing. It is again, part of informed consent and part of goodness of fit in the work that we do. Again, friend requests, we keep hitting this over and over and over again, and I'm going to back up one. Always using safeguards, we talked about that encryption and firewalls and having a password manager really keeping up to date with what the changes are in order to protect the sacred relationship, the professional relationship that we have the people that we work with. Again, back to NAADAC and the NCC, national counseling, maintaining professional boundaries with supervisee, not just with clients but with the people that we supervise in the application of technology. Not accepting friend requests. Explaining their policies and procedures specific to the use of social media in a clinical setting. You're going to hear this over and over and over again. Facebook safety. If this seems redundant, it is because it is redundantly repetitive, and the reason for that is that it is through Facebook that most of these violations occur and they're usually unintentional, there usually is no intent for harm, but Facebook is where this sort of thing happens because it is the most used platform by people who are likely to be in a position to make a bad ethical position, if that makes any sense. So ho-hum. No friend requests. Be careful about family members or friends of clients. We talked about adjusting your Facebook friends, not allowing friends of friends, stating the privacy controls, having them in place, being honest with patients approximate not engaging on-line and they will tell you why, that this is for your protection. Be careful about joining groups or certain specialty pages. And obviously avoid discussing work related matters.

I spent a number of years working in Bush, Alaska, off the road system in some of the smaller native villages on the delta, and one of the challenges that counselors there face is there it is like a huge small village, and we're moving that way in terms of our social media. You never know who is watching or when. You know when you might burp into a client by surprise. There are certain unavoidable overlapping personal and professional relationships that are at least difficult to avoid. There's always gobs partnership. And a lot of risk factors for unintentional self disclosure. It is the law of unintended consequences. It is never the car you see that runs you over. It is the one you didn't see coming. So and another thing to remember is if something

goes side, you can't unring the bell. It is out there. It is on a server somewhere, even if you delete it from your computer.

Looking at the American psychological association which has some are will good advice, and I'm going to ask you, I'm going to see if I can circle, I don't know if you could actually see my mouse, this fellow Zur, Z-U-R, is a he will are a expert on ethical considerations for mental health professions and a real wealth of research and data. So learning how to apply small world ethics, just having this heightened awareness that your environment is changing, you know, the times they are a changing. Self disclosures obviously have implications for therapeutic outcomes and sometimes they're deliberate in which disclosures are intentional and avoidable like accidentally putting something on-line, accidentally using the wrong e-mail platform and sending something to a client from your personal e-mail by mistake. Some things are unavoidable and some things are just accidental which is both unavoidable and expected. So some ideas on best practices, how to do that. Well, reducing your reliability. Intentional or accidental disclosure of confidential information on social media really poses huge issues. And, under HIPAA, all of these things have to be reported if there are any breeches of confidentiality. And if it is under 42CFR, you are personally, as well as professionally, liable. And if there's a fine, you may have to pay it. Obviously taking precaution s about and checking with your liability insurance representatives to find out what the coverage is for these kinds of issues. Talking about internet searches. You know, to friend or not to friend. When we're looking at some of those ethical issues, it is what is the relationship and why would I want to do that? And the big thing is can I evaluate this matter objectively? This is why it is a good idea to have a circle of collaboration, friends that you, people in the field that you can trust that you can ask these questions.

Googling your clients, why do I want to conduct a search like that? How would my search advance or compromise the treatment plan? Which should be guiding everything that I do? I have got an informed consent from the patient? Would I share the results of the search? And if not, why not? Would I document the results of the search in the medical record and how do I know what my motivations are? Social media has changed how we do everything. So without a social media policy, it's real easy to unintentionally go down the wrong path. I mean we all want to do good treatment but we all know that the road to hell, as they say, is paved with good intentions that didn't work out.

So some more thoughts on social media. This is really crucial. Without a unified web and social media presence, your whole organization, you and your organization, are at risk. So it is important to know the law for your license. Having a social media policy that addresses these things very specifically, and be prepared to defend to your client why you will or won't interact with them or else be prepared to defend to your licensing board why your actions were not taken in your own self interests rather than the interests of the client.

Guidelines for ethical decision making. This is the Eskimo word for exactly that what that looks like. These are some tips from Kathleen Parrish and folks who are ace diction counselors, Facebook, family members and friends, don't accept requests from persons you don't know, even if you share mutual friends, because it may be somebody who is trying to get their way into your social media platform to find things out but. We talked about adjusting privacy settings. Not posting personal information on your professional Facebook page and vice versa.

Being honest and communicating with your patients about why you're not going to engage in a on-line relationship. Oddly, particularly, digital natives find that almost insulting. It's almost like well, why wouldn't you want to talk to me? Rather than saying I'm sorry, that's our policy. It is important to explain to them why. It is part of informed consent. We have to talk about the risks as well as the benefits. Be careful about photos of yourself on Facebook. Be careful about fan clubs or specialty pages. Obviously discussing work related matters on your Facebook page, even with just friends and colleagues, even in kind of general terms. So this is kind of a, you know, how do you make sure that you're not getting in to trouble? Well, don't be alone with it.

You can that to your clinical supervisor or an elder, the original iteration of this was for a Native organization. And, you know, we have elders in our culture as well. Talking to a colleague. Or if necessary, go to your legal counsel or talk to human resources or if you're in an organization, somebody is the HIPAA privacy officer and talk with them.

So here are some tips, again, from NASW. I'm saying it again, don't friend clients because that's where most of these breeches occur is on Facebook.

Managing privacy and location settings, media and technology policy. Don't Google your clients. And really become competent in the use of technology before implementing it into your practice. Many of us are starting to move toward, you know, secure video platforms for interacting with clients and, again, the idea of having informed consent and a policy that covers things is very, very important.

So the Twitter version of a social ethics social media ethics policy, don't lie and you can't pry. Don't cheat because you can't delete. And don't steal and don't reveal anything. And these are from the medical director at the Mayo Clinic for social media. So this is this is an actual -- this is an actual situation. This is not just a vignette. Rick is a counselor who successfully discharged a female client and she's moving to if I remember right, it was like hide I'd or some place where it was really remote, no counselors around. She wasn't going to be able to continue treatment. And a and so he agreed to friend her not as a therapist but just to offer some friendly advice and some encouragement. And so well, what do you think? Do you think that worked out well? As a matter of fact, Rick goes on to a vacation to Alaska, where there's no reliable internet, doesn't check his Facebook page or posts or anything. When he comes home, he learns his former client had completed suicide while he was gone. The lawyers, he's being sued, as a matter of fact, if I recollect correctly, not only did he lose his license but he had to pay a personal fine for a violation. Certainly not what he intended, so how to go about developing a social media policy. It has to be comprehensive and address the most common forms of communication that are used by both us and the people that we work with. We've talked among all of these things. Now, I want to call your attention to this website Dr. Katy Combs is a real expert in social media and ethics and she actually has a website that is just a treasure trove of information and research about how to build a good social media ethics policy. So I'm going to mute myself and turn it over to you, Samson.

>> Excellent, thanks, Mike. Everyone, here is another poll to connect with your presenter. The question that's being asked is does your organization or private practice have a specific written and updated social media policy? You'll see three answer options there, yes, no, and not sure. I'll give but 10 to 15 more seconds to answer this polling question that you'll see on your screen. Perfect. Thank you guys so much for your cooperation in that and for answering that polling question. About 75% of you have responded to the poll. I'm going to close the poll now and share the results and I'll turn this back over to Mike.

>> Okay. So it looks like there's a growing awareness and a growing presence of the need for policies around social media, and it is not enough, I would suggest to you, that it is not enough just to know that there is one or that it is there. It is also worth going and making sure you that really look at it and there may be parts of it that you would want to distill in to a brief handout that you can actually give out to your participants. So why do we want to have a social media ethics policy? Well, it has to deal with networking sites and we've talked about the confidentiality and the boundary issues. We have an ethical obligation to proactively protect not just, you know, to protect the privacy and dignity of the people that we work with. Some of the dangers around e-mail and text messages and, aware of location-based services and this one could be particularly troubling, have you ever been Yelped? And the reason that this is kind of a real issue is that, you know, if you -- if somebody flames you on-line, and you respond to them in anyway, or if somebody says, boy, you're the greatest therapist I've ever known, if you respond to them, you have automatically identified them as a client and so you have

to be really, really careful about that. Because if you get a unfavorable review, it is real easy to kind of get defensive and want to argue back

How to go about writing a social media policy and this is from a healthcare law organization. Cod filing your approach to social media and explaining how to handle friending and following, also that you will never share information about your clients or their sessions with anyone on any media platform, contact information for yourself. What is your policy about business review sites? If Yelp adds your practice to the listing without asking you first, clients and former clients may leave comments about your practice without you even knowing about it. So it is your policy, there's a very good boilerplate media policy at the end of this discussion, but it is really important to own it and to make it your own. So some advice on developing the social media ethics policy preventing confusion is a good thing and minimizing boundary issues and things like that.

Addressing the most common forms of communication, we've talked about that. Developing an ethics policy I have consulted, this is the guy who wrote it, not me personally, where counselors learn painful lessons after the fact about these things because they were taken to task and there's a possibility of losing your license.

Particularly people who are digital natives, clinicians who grew up in a world with computers and cell phone s, our comfort level may be distinctly different from some of our older colleagues, but that doesn't necessarily mean that they're any safer. Just because you're more comfortable with it doesn't mean that it is a great idea.

NASW has a number of good publications, there's one that I referenced a little bit later on that you should probably know about. But ultimately, it's up to you. It's up to your personal ethics how you're going to conduct yourself in the on-line -- in the on-line world, in the on-line relationship.

E-mail and text messaging. Being careful about that. There are secure -- secure texting software that's out there that some of them that allow you to text directly out of your -- out of your e-mail account or out of your Google account without revealing who is actually doing the sending or receiving. So, again, it's necessary to keep up with the changing -- the changing media field.

Pardon me. Moving ahead, we've talked about location-based services, and many clients enjoy this. They want people to know they're at a certain restaurant but then when they go to counseling, their domestic violence partner knows exactly where they are.

Clients choosing to post comments and web-based business review sites, they -- they may be very favorable, they may be very unfavorable, but either way, you can't -- you cannot respond. So responding in any way violates those things.

And also, patients don't always realize that once they post something, it's out there. You can't -- you can't take it back. It is always there someplace.

We've talked about this before that a lot of us completed our formal education before any of these things became issues. So it's really important to stay current with what's going on. This is from Frederic Reamer who is a psychology.

This is, excuse me please, this is the boilerplate that I was referring to. This is from Dr. Keely Kolmes. She has given permission to use this as long as you keep her information, you know, the footer with her information and cite her as anything that you would borrow. But it addresses all of these issues pretty much in order. This is the hot link to her website which won't work in this presentation but you're free to use it.

So as we begin to kind of head in for a landing, what are some of the key learnings and process improvements that we can take away from this?

Social media have impacted every area of our modern culture and will continue to do so and will continue to do so in way that is we can't foresee. So we really have to stay current and recognize that our professional organizations are not going to be able to address these things in

a timely manner. So that means that each of us has to research the implications for ourselves and be aware of the pitfalls.

This is the publication that I was referencing before, the NASW has a publication, and they even spell it correctly, on standards for technology and social work practice. If you Google that, if you Google that phrase, you will find it. Very, very helpful in a lot of useful guidelines and some information on the pros and cons on certain kind of kinds of media platforms.

Lots of new -- lots of articles in the professional lid Li are a tour. NAADAC has done a number of things. So these things are addressed pretty conclusively. But ultimately, the greatest safety may lie in collaborating and consulting with our peers and with our supervisors. The ethical implications in Bush, Alaska, and downtown LA, the application of them is very different, the ethical standards are what they are, but how they get -- they get operationalized in daily life can be very, very different. And when somebody moves from an urban setting to a rural setting or verse visa, it is important to collaborate and be sure that we know the lay of the land in where we're working.

So Samson, I believe this is the final polling question. I'm going to mute myself and --

>> Yeah, thanks, Mike. Yes, we'll go ahead and launch this final polling question on the screen. As a result of this webinar, how likely are you to make any changes in your social media presence or practices? You'll see four answer options there, and just as a reminder, pretty soon we'll do a Q&A and then we will have a word from our sponsor on additional information on social media and using a website for clinical practice. Please continue to send your questions in for Mike in to the questions s box. If you're wondering how do I access the CE quiz for this, how do I get my CEs, we'll give you that at the end of the webinar. Also as a reminder, there's a time tracking tool to your attendance rating from the beginning to the end of the webinar. Thank you so much for your participation in the polling question. About 70% of you have responded. I'm going to go ahead and close that poll and share the results of this last poll and I'll turn this back over to Mike.

>> Okay. Thank you, Samson. The, the line that interests me the most is, again, the green line. A couple of things to -- a couple of things to look at, a couple of things to think about. That was my hope in putting together and presenting this training is really being able to just kind of stop and just be thoughtful, be mindful for a moment about where we are in this male Strom of social media these days.

I'm going to back up just one more. There are people who are just thinking about just opting out all together. And I suppose that's an option. But I'm we talked before about digital natives and digital immigrants, I'm a digital Neanderthal, I'm old enough that I'm still trying to start a fire by running two thumb drives together. But I recognize that opting out, even at my -- opting out of social media on a professional level just isn't very practical. I don't have a big personal preference, not preference, but presence, I don't have a presence personally on Facebook, but I have a -- I have a Facebook page for my business, my consulting business, because it is really, really difficult to do business without it.

So I want to take a moment to thank all of you for not just for your participation but for having the courage to bring hope, help, and healing to the people that we work with. This is -- this is not an easy field to be in. It is the most wonderful and rewarding field that I have ever been involved with, but it's, you know, it -- we need to stay present. So here's my contact information. And here is the keys to or the hot links to the websites that I have, my contact information, I'm in Eugene, Oregon. And so if you have any needs for consulting, just know that this is an available option, and I'm going to turn things over to you, Samson and I'm going to mute myself while you take a look at the questions.

>> Thanks, so much, Mike. Yeah, we have a lot of questions that came in. We won't have time for all of them but I think we could hit a good number.

So Mike, I'll read the first question. The first question comes from Dee. Dee asks, is it okay for a client or passed client to provide a public testimonial narrative about their treatment recovery as long as they have autonomy and informed consent?

>> Yes. And obviously it's not just -- I think that that's really a two part answer to that. The short answer is yes, with informed consent and with the proper releases of information and many places have a release that is specific to using individual you and other things beyond just, you know, name, date, and serial number, I think there are two aspects to this. One of them is do I want to promote my business, do I want to have people know that the services that I -- that I provide are helpful and useful and that people find them to be helpful. Yes, of course. But more importantly, people who come to that, who are potential patients, people who are still in the precontemplation to contemplation shift and maybe taking the scenic route through the stages of change, they look at that and they can borrow some hope. They can borrow some hope that somebody else, maybe somebody that they know, had a challenge and that they were able to overcome it, thank you with your help. But more importantly, that there is the possibility of hope, health and healing. So thank you for that question. It is a very good question.

>> Thanks, Dee, and thank you, Mike, for that answer. The second question comes from James. James asked, do you think there are some circumstances when a Facebook request from a former client can be accepted and how should that be handled to preserve boundaries?

>> It's not the car you see that runs you over. Are there certain circumstances which that could be a helpful thing? I imagine that perhaps there and as long as they're approached carefully and mindfully and with their knowledge and consent on both parts, I suppose it is not a decision I would want to arrive at just with my patient and I. I think it would be important to consult with other people to just see. And remember, once you do that, is that is a permanent relationship. And later on if I unfriend them or they unfriend me the basis of our relationship is still discoverable on-line. And so it's a really, it is a slippery slope, that you know, and it may be that the benefit really does outweigh the risk. And it may be that my patient really is as trustworthy and is deserving as my trust as I would wish. But it is kind of a risky thing. I would say talk to a bunch of folks and see what they think. I'm just one guy. Okay? Thank you for that question. Thanks, Mike. And the third question comes from Laurie. Laurie asks what about sharing resources by e-mail? Is that ethically okay?

>> Often that's a policy thing. The danger there, and particularly under 42CFR, if I send something to a client, I've identified them as a patient and that's one of the potentially one of the violations in 42CFR if [tint](#) there isn't a release in place. Again, the two-part answer to that is do I do it -- actually three-part answer. Yes, I do. Secondly, do I have a policy in place that says that it is okay for me to do that with the permission of the client? Yes. And do I have a release of information from the client that says that yes, it is okay for me to share information that way, yes.

One of the things that I've done is I have a separate -- I have a separate e-mail account with a Dropbox link and so I can send things directly out of that. It is not my personal e-mail. People can't get back in and look at my other, either my professional or my personal e-mail, and that's solely, that is the only thing that I do with that is either for sending resources and handouts or for scheduling. And that's all I do.

The policy of the agency that I work for, strong integrated behavioral health, is that e-mail can be used only for scheduling and that's all. So thank you for that.

>> Wonderful. Thanks, Mike. And the fourth question from Jessica, can there be a broad consent to share info or information on social media, so, in essence, a social media consent?

>> I think so. I have seen I have seen examples of that. I perhaps should have included one. Yeah, it, again, it is a, those kinds of blanket things are wonderful and they cover everything that is under the blanket. It is the things that weren't under the blanket that we cannot realize that can sometimes come back to bite us. And I don't want to be overly offensive about this, but,

again, it has to be a mindful, proactive decision to do that. Yes, I think that a blanket release of information or a blanket policy that's part of the, as long as it is explained, not just a piece of paper that I hand to them and like all of us, that all of us, we -- we all scroll down to the very end of the terms of agreement and read every word carefully. No so that would be my answer. Yes, I think it is possible and I would have it looked at by somebody else just to be sure. So thanks you for that.

>> And everyone else, thank you for your excellent questions. I see some really good ones coming in. We're going to go ahead and send those, the rest of those questions to Mike in a Q&A document and post them on our website.

Mike, thank you for this excellent training. Everyone else, after you hear a word from our sponsor, we will share information on how to access the CE quiz from this webinar. For now, let me introduce you to Sam from Brighter Vision. Sam, if you're ready, I will hand this over to you. And Sam, just a heads up, I think you might have muted yourself on the device and on the computer. So you're unmuted in go to webinar but we can't hear you quite yet.

>> Thank you so much for that introduction there, and it is wonderful, everyone, to be connected with you here today. As Samson had introduced me, my name is Sam. I'm the vice president of sales and marketing here at Brighter Vision. And Samson, my mouse does not appear to be working. But that's okay. I will just charge ahead here. The information discussed about social media and the ethical dilemmas of using social media are extremely important. And like to thank Mike for doing such a fantastic job navigating this topic. We're actually working on a website for Mike right now which we're really excited to be something showing him soon. So if you are utilizing social media to market your practice, there's a couple of important considerations. Mike touched on it during his presentation, a couple of the major ones, you know, for example, not implicating HIPAA and being paying attention to that. If you are looking for things to post, you know, to your business page a great idea is to post things about, you know, key mental health days during the calendar year, how people are able to understand with -- understand and copy with current events, as well as certain self-help articles, things from publications like APA or psychology today can be great.

When you do start posting on social media to market your practice, to assure you're getting the most out of your efforts, it is going to be important that your posts link back to website in some way. Whether a post links correctly back to a blog article on your website or utilizes a link to a specific page, the goal of social media posts should be driving people to your website. And the reason for this is because, you know, your website is where people go to learn about your practice in-depth, where they go to schedule a time for a consultation, as well as fill out the initial paperwork that they, you know, need to complete before seeing you. New client inquiries don't really happen as much from our experience on social media pages themselves. And many clinicians I know, you know, will block comments or direct messages to protect themselves for good reason. This means that if you don't have a good website that is attached to posts, you know, your social media efforts could be in vein.

So with that, what we do here at Brighter Vision, is you know, we make marketing simple for therapists, counselors, and other behavioral professionals. We offer assistance with social media, blogging, and most, importantly, your websites. So here are some of my favorite sites we've built recently. I'm just going to go through a couple of examples. This first one, altitude counseling, this is an example of a website we have built. You can see we work really hard, to you know, customize it and have the very website speak to, you I of know, your ideal type of client and the different issues they may be facing.

Here's another one we have built recently, a little bit different of a site, a little different of a look. And then finally we have a third example here and this just a small sample of our work but we do, you know, have a full portfolio on our website at brightervision.com.

So how are we different of other companies? So at Brighter Vision, we specialized in building websites specifically for the behavioral health professionals, addiction professionals, therapists,

our goal is to provide an agency like experience that would cost you thousands of dollars for a much cheaper monthly rate. To design or redesign your website, we pair up with experienced team of developers where you can consult with one-on-one as much as you would like. By learning about your business, we're able to understand how to best market it and, in turn, we'll create a website that is centered around retaining your ideal client. Even better, all websites include professional SEOs so you can be sure your website is going to rank on the first pages of Google. We also include technical support so you don't have to worry about making updates to the website on your own, and we include hosting and a domain name at no additional cost.

So what are people saying about Brighter Vision? So I have a couple of quotes up here. We have secured some big partnerships with some of the larger organization itself like APA, we also have a partnership with simple practice and really trust these companies and refer people to them as well. With the costs of our service, we have no long-term contracts. Our service is designed to be both affordable and flexible. Our standard service is just \$59 a month with a 100 time set up fee and that includes everything you need to have us create an effective website for. We also offer HIPAA compliant e-mail starting at just \$9.99 a month so you can communicate with clients in a secure way. All of our HIPAA compliant e-mails you do get a business associates's agreement with so you can be free from any liability there. Finally, we are running our biggest sale of the year right now, and that's actually just going on until the end of the month. What we're offering is no setup fees and then just \$49 a month for your entire first year.

If you are interested in that, please feel free to e-mail me directly at brightervision.com. You can also find us on the web as well, take advantage of that discount. We have a page setup that is brighter-vision.com/NAADAC. Once again, that's brighter-vision.com/NAADAC. So feel free to learn more about us there. Offer free marketing consultation this is year, kind of on the fence and you know, need to help us determine if we would be a good fit we, you know, really kind of like to take a deep dive with people and to see what your needs are and see if we can help and nothing more than that. So thank you all for allowing me the time. Thank you, Mike, for your wonderful presentation. And I hope everyone has a great rest of their week.

>> That's incredible. Thank you so much, Sam. Such a great resource from Brighter Vision, and everyone in your chat box, you actually have been sent a link. It will also be on the Q & A box or Q&A document and in the chat box. You'll see a link that will take you to a special offer directly from Brighter Vision. I just wanted to encourage you all to stay connected with Brighter Vision. They're sharing this special offer. If you click that link, you'll be able to stay connected to them. It will also be in your follow-up e-mail from go to webinar.

All right. So wondering about how to get the CE quiz for it webinar or access the webinar after the live event? Every NAADAC webinar has its own webpage that houses everything you need to know about 245 particular webinar, immediately following the live event. You will find the on-line CE quiz link on the exact same webpage that you used to register for this webinar.

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You can also go to [www dot NAADAC.org slash webinars](http://www.dot-NAADAC.org/webinars) any time, scroll towards the bottom and download the NAADAC webinar CE certification informations sheet.

Here's the schedule for our upcoming webinars, and please tune in, as there's some really interesting topics with great presenters just like today.

As a NAADAC member, here's a quick review of the benefits of becoming a member with us. If you join NAADAC, you have access to over 145CEs through our free educational webinars. You also receive our quarterly advances in addiction recovery magazine, where each article is eligible for CEs as well. NAADAC offers in-person seminars throughout the U.S. and internationally, included in NAADAC membership are independent study courses, regional and annual conferences, and certificate programs.

For advanced education and specialty topics.

E-mail NAADAC at NAADAC.org to learn more, or go to www.naadac.org to join. And please note there is a really short survey that will pop up at the end when we employees Close out. Please take some time to give us your feedback, share any notes you that have for the presenter and how we can improve. Your feedback is really important to us as we continue to improve your learning experience.

Thank you again for participating in this webinar and thank you, Mike, for your very valuable expertise on such a complicated topic. Brighter Vision, thank you for sponsorship, and I encourage you all to take some time to visit our website, learn how NAADAC helps others. You can stay connected with us on LinkedIn, Facebook, and Twitter. Have a great day, everyone.