Welcome, your facilitator will be:
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Grow Your Practice in 2020
Marketing Made Simple for Addiction Professionals

Presented by
Mike Bricker, NCAC II, CADC II, LPC
Social Media and Ethical Dilemmas for Behavioral Health Clinicians

Presented by
Mike Bricker, NCAC II, CADC II, LPC

“IT’S NOT THE CAR YOU SEE THAT RUNS YOU OVER…”

Session Description

Social media like Facebook, Instagram, and Twitter didn’t exist when many of us were in graduate school, and their impact on our communication with each other - and with our clients - could hardly be anticipated.

In this session we will explore this emerging challenge by discussing the Behavioral Health Ethical codes that apply to "virtual interactions" and share our challenges and solutions with each other.
Social Media and Ethical Dilemmas for Behavioral Health Clinicians

**Webinar Learning Objectives**

- Recite the ethical guidelines for Behavioral Health Counselors that apply to social media.
- Identify at least 3 possible ethical dilemmas that are inherent in social media.
- Be more comfortable discussing challenges and solutions with other colleagues on SUD counselor’s and clinician’s ethical codes.

**Polling Question 1**

Which professional Code of Ethics applies most to your practice?

A. NAADAC  
B. ACA/AAMFT Professional Counselor  
C. NASW – Social Work  
D. APA Psychologist  
E. Other

**Things your Grad School professor never told you…**

- Facebook - LinkedIn: Social media networking for personal or business
- Twitter-Instagram: “Following” others and sharing short messages and pictures
- Blogs: Unedited essays or narratives on almost any subject – can be found and followed by anyone
- Google Searches: The dominant internet search engine – to “google” has become a verb
- GPS-Enabled: Not only our phones and pictures and videos - everything we are looking at and monitored by satellites
“the times, they are a-changein’!”
Social Media is changing everything.
And we can’t always foresee the pitfalls!

“Things your Grad School Professor never told you…”

Social Media
- Facebook - Linkedin
- Twitter - Instagram
- The “blogosphere”
- Google searches
- GPS-enabled phones & pictures
- Do you have a website?
Is this the face of counseling in the digital age?

Can you identify these apps?

And the latest “Gen Z” trend – TikTok

https://www.tiktok.com/en/

TikTok—or Douyin as it is known in China, where it originated—is a mobile-only social network that allows users to create 15-second videos, most often set to the tune of pop songs, and offers a wide variety of built-in editing tools and visual effects. It is currently one of the fastest-growing social media platforms, with 500 million-plus monthly active users across 150 countries, currently outranking both Snapchat and Facebook on Apple’s app store. TikTok feels like the definitive mark in a forthcoming tide shift. Millennials are aging out and Gen Z is taking over as the dominant online culture. To quote an anonymous 15-year-old user: “Boomer is a state of mind, not an age. We all become boomers eventually.”

(owned by the Chinese government – no problems there….)
Our ethical dilemma is…

Technology is advancing faster than our codes of ethics can keep up.

Our new reality...

Digital Natives Prefer:
- Receiving info quickly from multiple sources
- Multitasking and parallel processing
- Pictures, sounds and video before text
- Hyperlinked sources
- Interacting in "real-time"
- User generated content
- Learning that is instant, relevant and fun
Social Media and Ethical Dilemmas for Behavioral Health Clinicians

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Mike Bricker, NCAC II, CADC II, LPC
Our expanding digital world is shrinking!

- Social networking sites may be ushering in a “small world” online environment analogous to rural and frontier settings.
- Clinicians in remote areas have had to deal with more visibility and transparency than their urban counterparts for years.
- Eg. Just as clients in a small village know where the Counselor lives, some networking sites automatically tag photos with GPS coordinates.
- This requires heightened awareness of online ethical dilemmas around boundary violations, self-disclosure and unavoidable multiple relationships.

Ethical Concerns and Considerations

- Facebook – most used site worldwide to connect and share personal information.
- Twitter – “mini-blog” with content limited to 240 characters.
- Snapchat – short messages that auto-delete after opening.
- LinkedIn – networking site for professionals to share resume, jobsearch, etc.
- Instagram – sharing photos and video; add video effects.
- TikTok – short video clips.
Take Facebook for example:
Most-used site by Americans 18 or older
901 million monthly active users worldwide
More than 527 million users log on to Facebook every day to connect with "friends"
81% of Psychology graduate students maintain an on-line profile
33% of those are on Facebook

Levahot, Barnett & Powers (2010) - How much has changed since then?

Facebook as of 2011

If Facebook was a country...

2.45 billion as of 2019

Average Time Spent on Facebook

Users spent an average of 58.5 minutes on Facebook each day.

Facebook Usage Stats (2019)
Do's and Don'ts for Social Networking:
By all means, do...
• Use privacy settings to safeguard personal information and content
• Maintain clear professional boundaries
• Create and maintain SEPARATE personal and professional online identities
• Bring any inappropriate content to the attention of a colleague or relevant authorities
• Be aware of effects on your reputation with patients and colleagues, as well as impact on the profession

Do's and Don'ts for Social Networking:
Need we say...DO NOT
• Post any identifiable patient information online
• Represent yourself as an official representative of – or spokesperson for – a place of employment or professional organization unless authorized
• Display vulgar or offensive language
• Display language, photos, videos or cartoons that imply disrespect for any individual or group because of age, race, gender, ethnicity or sexual orientation
• Present content that might reasonably be interpreted as condoning or encouraging irresponsible substance use
• Post inflammatory or unflattering material – “flaming” – on any site

A Therapist's Guide to Ethical Social Media Use
March 4, 2019 • By Crystal Raypole

SETTING BOUNDARIES IN A DIGITAL WORLD
As you begin to market your private therapy practice (or clinic), you’ll likely turn to all available channels in order to achieve the greatest visibility. Today, most of these marketing opportunities are found online on social media platforms such as Facebook and Twitter. It’s very common to have a Facebook account. More than 2 billion people worldwide, and 68% of Americans, use Facebook each month. Twitter has more than 300 million monthly users, and many professionals also use Twitter to market their practice. If you do use these or other social media channels, it’s generally recommended to make a business or professional page and clearly indicate it as such. Then use privacy tools to make your personal Facebook profile (the one you share with friends and family) as private as you can make it. This may not prevent your clients from seeking you out online, but it can limit the information they’re able to access. You can use privacy tools to set everything you post to “Friends Only,” or you can tailor your settings to each new post.
WHEN A PERSON IN THERAPY SENDS A FRIEND REQUEST

At some point, a person you’re working may send you a friend request through Facebook. There’s no ethics code that explicitly forbids accepting such a request, but guidelines from the American Psychological Association and experts in mental health ethics recommend against having clients as Facebook friends. People often use social media accounts to share very revealing information about themselves. Having a client as a Facebook friend will give you the opportunity to see details about their life they may not share with you in therapy, which they may not have considered when sending you the friend request. They might also see details about your life you wouldn’t share within the therapeutic relationship. Having access to this level of detailed personal information can significantly affect the bond you have with your client—on both sides. This is also important if you’re considering looking up your client online. This may be necessary if you have a real concern for someone’s safety, but in most other cases it’s not advised or appropriate.

MARKETING YOUR PRACTICE ON SOCIAL MEDIA

When setting up your business Facebook page or Twitter profile, think of it as a business card or ad you’ve taken out. In other words, you’re introducing yourself to potential clients with your social media page. Consider the following tips on social media business etiquette for therapists as you begin to market your practice online:

Remember your likes and comments are often public. Not everyone uses privacy settings. If you like a public post or leave a comment, anyone can see this activity. The best practice here may be only liking or commenting on other professional posts that directly relate to therapy services or mental health treatment. Caution is still recommended. Even if you aren’t divulging any client information, consider whether there’s any possibility your words could help someone identify a person in therapy. If there’s any chance of this, reconsider your comment. In short, use care when liking posts, even those from other private practices or therapists, and consider how your likes and comments might reflect on you and your practice.

MARKETING YOUR PRACTICE ON SOCIAL MEDIA (CONT)

Interact with other therapists carefully. Building a social network of other mental health care providers can be a great way to use social media professionally, but it’s essential to cultivate awareness of potential ethical concerns. If another therapist shares client information that could violate confidentiality, for example, avoid replying publicly. You might consider, however, reaching out to that therapist through private message to express your concerns.

Avoid responding or interacting with posts that could be unprofessional. If another therapist or private practice page shares information you feel is more personal than professional, ignoring the post is probably the best course of action. As stated above, a better option might be sending a private message to that professional letting them know why their post could seem inappropriate—if you feel comfortable doing so.
MARKETING YOUR PRACTICE ON SOCIAL MEDIA (CONT')

Consider preventing incoming messages. On Facebook, you can set your business page settings to allow incoming messages, but you can also prevent this. Because Facebook correspondence isn’t private, you may want to prevent potential clients from sending you Facebook messages that might contain sensitive information about their mental health. Instead, post your contact information clearly on the business page. Include your phone number and email address, if you accept email correspondence, and encourage clients to reach out to you with these methods.

CONCLUSION

Navigating the internet and learning how to make the best choices for your private practice is challenging for many, but it doesn’t need to be difficult. If you hesitate to use social media for your therapy business, consider taking a continuing education course on the subject. These can help you learn to use social media tools like Twitter and Facebook ethically and effectively.

Back to the Future?

Ethical Standards: Technology

ACA (2014)
- Section H: Distance Counseling, Technology, and Social Media
  - Major Headings:
    - Knowledge & Legal Considerations
    - Informed Consent and Security
    - Client Verification
    - Distance Counseling Relationship
    - Records and Note Maintainance
    - Social Media

AMHCA (2015)
- 1B.6 Telehealth, Distance Counseling and the Use of Social Media
  - Recognizing that technology can be helpful in client’s mental health care management due to availability, expediency, and cost effectiveness, counselors engage technology assisted, and or distance counseling. (p. 10)
Social Media and Ethical Dilemmas for Behavioral Health Clinicians

“Fast and Furious” - communication at the speed of thought... with focus on speed, rather than thought.

Polling Question 2

Should you accept a friend request from a current or former client?

A. YES
B. NO
C. IT DEPENDS

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NAADAC Code of Professional Ethics (2016)

VI-19 Friends
Addiction Professionals shall not accept clients’ “friend” requests on social networking sites or email (from Facebook, My Space, etc.), and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts.

When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence.

NAADAC Code of Professional Ethics (2016)

VI-20 Social Media
Addiction Professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media.

Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship.

Providers shall respect the client’s/supervisor’s rights to privacy on social media and shall not investigate the client or supervisee without prior consent.

And last, but not least:

- “Friend”
- Following
- Business Review Sites
- Interacting
- Use of Search Engines
- Location Based Services
- Email
- Contact information for licensing board
Social Media and Ethical Dilemmas for Behavioral Health Clinicians

4 Social Media HIPAA Violations That Are Shockingly Common

According to Healthcare Compliance Pros, there are four major breaches of HIPAA compliance on social media:

- Posting information about patients to unauthorized users (even if their name is left out)
- Sharing photos of patients, medical documents, or other personal information without written consent
- Accidentally sharing any of the above while sharing a picture of something else (e.g., visible documents in a picture of employees)
- Assuming posts are deleted or private when they’re not

The easiest solution? Keep strict policies in place for how employees can use social media.

Tips for HIPAA Compliant Social Media

- Create a realistic content strategy that specifies both the frequency and types of social media posts to reduce the likelihood of breaches.
- Develop a process with the Legal and Compliance departments to approve content prior to being posted.
- Monitor social media communications with technology controls that flag any words or phrases that may indicate HIPAA non-compliance, so that they can be reviewed before posting.
- Capture and save records that preserve the format of social communications, including edits and deletions.
- Archive electronic records so that they can be found, in accordance with federal and state recordkeeping rules.

- Create a Social Media Working Group to discuss any potential concerns about implementing social media strategy. The group should include representatives from various parts of the organization.
- Ensure a thorough understanding of the HIPAA patient privacy regulations and how they pertain to your healthcare organization’s social media accounts.
- Create an employee use policy for social media and clearly communicate it to all staff.
- Develop metrics to measure the effectiveness of social media programs.
Establish Guidelines for Social Media Use by Healthcare Employees

The social media policy of your facility should establish guidelines for the use of social media, both personal and professional. As employees who work for an organization that is identified as a covered entity, they must follow HIPAA Privacy Rules and ensure the privacy and security of protected health information at all times.

Do
- Be professional, especially if you have identified yourself as an employee.
- Include a statement stating your views are your own and not your employer's.
- Remove tags on pictures that a patient posts to keep the picture off of your page or profile

Don't
- Participate in any online communication with patients of the medical office.
- Post pictures of patients under any circumstance even if it is unidentifiable.
- Discuss any details of your job or activities that occurred during the work day.

"Of course I believe in Bigfoot. I'm friends with him on Facebook!"

The Cambridge Analytica scandal changed the world – but it didn't change Facebook

"While it appears that Facebook is suddenly 'woke' to privacy issues, it's safe to assume it’s business as usual there"  Ashkan Soltani, formerly of the FTC
Social Media and Ethical Dilemmas for Behavioral Health Clinicians

Facebook–Cambridge Analytica data scandal results in $5 million fine

- The Facebook–Cambridge Analytica data scandal involves the collection of personally identifiable information of up to 87 million Facebook users that Cambridge Analytica began collecting in 2014. The data was used to influence voter opinion on behalf of politicians who hire them. Following the breach, Facebook apologized and experienced public outcry and lowered stock prices, calling the way that Cambridge Analytica collected the data “inappropriate.”

Facebook Gains the world’s biggest repository of online photos

- Instagram – Perhaps Facebook’s most famous purchase, Instagram was acquired for $1 billion, Facebook’s largest acquisition at the time. Instagram’s competing photo sharing social network still operates under its own brand and its own stand alone app, although many features including photo sharing have been integrated with Facebook itself. Facebook also acquired the smaller photo sharing service Lightbox.com which specialized in mobile, HTML5 and Android photo sharing.

- Face.com – This Israeli company allowed integration of facial recognition for Facebook’s photos. Uploaded photos could now be tagged using automatically generated suggestions for who that person might be. The deal was valued at $100 million.

Clearview AI creepy new facial recognition database

- Hundreds of law enforcement agencies across the US have started using a new facial recognition system from Clearview AI, a new investigation by The New York Times has revealed. The database is made up of billions of images scraped from millions of sites including Facebook, YouTube, and Venmo.

- The Clearview system is built upon a database of over three billion images scraped from the Internet, a process which may have violated websites’ terms of service. Law enforcement agencies can upload photos of any persons of interest from their cases, and the system returns matching pictures from the internet, along with links to where these images are hosted, such as social media profiles.

- Using the system involves uploading photos to Clearview AI’s servers, and it’s unclear how secure these are. Although Clearview AI says its customer-support employees will not look at the photos that are uploaded, it appeared to be aware that Kashmir Hill (the Times journalist investigating the piece) was having police search for her face as part of her reporting.
Polling Question 3
Do you have a professional Social Media page (e.g. Facebook, Instagram, Twitter) or website in your name?
A. YES
B. NO

Here are links to the code of ethics for some of the most common mental health professions: (available in your handouts)
- https://www.naadaac.org/code-of-ethics NAADAC - the Association for Addiction Professionals
- American Art Therapy Association (AATA) Code of Ethics
- American Association of Marriage and Family Therapy (AAMFT) Code of Ethics
- American Counseling Association (ACA) Code of Ethics
- American Psychiatric Association (APA) Code of Ethics
- American Psychological Association (APA) Code of Ethics
- National Association of Social Workers (NASW) Code of Ethics
- United States Association for Body Psychotherapy

by Allan Barsky – Chair of the NASW Code Review Task Force
A new standard, 1.03(i), guides social workers to obtain client consent before conducting an electronic search on clients. This fits with other informed consent procedures, ensuring clients are informed about the worker’s plans for gathering information, assessing, and intervening with a client. An exception is provided for compelling professional reasons, such as the need to prevent serious, foreseeable, and imminent harm (e.g., a client who is suicidal or homicidal).

A new standard, 1.06(e), discourages social workers from communicating with clients using technology for personal or non-work-related purposes. Given the rapid growth in online social networking and other forms of social media, it is important for social workers to be aware of the importance of maintaining appropriate client-worker boundaries (including with respect to digital communications).

A new standard, 1.07(p), advises social workers to develop and inform clients about their policies on the use of electronic technology to gather information about clients. This section is intended to make social workers aware of client privacy issues, particularly when considering whether to gather client information electronically.

A new standard, 1.07(q), builds on 1.07(p) by discouraging social workers from searching or gathering client information electronically, unless there are compelling professional reasons, and, when appropriate, with the client's informed consent. For instance, a social worker may need to gather information electronically to protect the life or safety of the client or another person. Whenever possible, the client's consent should be requested in advance of search for client information.

A new standard, 1.07(r), states that social workers should avoid posting any identifying or confidential information about clients on professional websites or other forms of social media. Although clients may consent to having identifying information posted on a social worker's social media, social workers should ensure that such consent is fully informed. Consider, for instance, a client who offers to post a positive comment on a social worker’s website attesting to the great addictions counseling she received. The client may not realize how future employers or others may have access to this information, or how it may be safer to post a comment without identifying information.

One of the most outdated standards in the 2008 Code was 1.07(m), which referred to facsimile machines, answering machines, and telephones as examples of technology. This standard instructed social workers to avoid disclosing confidential information when using such technology. This standard was first adopted in 1996; long before social workers were using online videoconferencing, smart phones, text messaging, social robots, remote electronic storage of client records, online social networking, and other forms of technology. Today, transmitting identifying information through technology is not only pervasive, but required for many purposes (e.g., submitting client information to insurance companies for reimbursement for services). The new version of 1.07(m) permits transmission of identifying information, but advises social workers to take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients or third parties. To protect confidentiality, social workers should use applicable safeguards, such as encryption, firewalls, and passwords. As technology changes, social workers need to keep up to date on which methods are most appropriate ways to protect client confidentiality.
Social Media and Ethical Dilemmas for Behavioral Health Clinicians

2016 NAADAC/NCC AP Code of Ethics

VI-13 Addiction Professionals shall appreciate the necessity of maintaining a professional relationship with their clients/supervisees. Providers shall discuss, establish and maintain professional therapeutic boundaries with clients/supervisees regarding the appropriate use and application of technology and the limitations of its use within the counseling/supervisory relationship.

VI-19 Addiction Professionals shall not accept clients’ “friend” requests on social networking sites or email (from Facebook, My Space, etc.) and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence.

VI-20 Addiction Professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks, including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client/supervisee’s rights to privacy on social media and shall not investigate the client/supervisee without prior consent.

Facebook Safety: Tips for Counselors

- Think twice (or even three times) before engaging in Facebook friendships with current or former patients/clients.
- This also applies to engaging in Facebook friendships with family members or friends of clients (former or current).
- Adjust Facebook privacy settings to allow only “friends” to view your profile, status, photos, posts, etc. Even choosing the option “friends of friends” can leave counselors susceptible to ethical violations. Do consider making your profile unsearchable as a privacy setting.
- Do not accept friendship requests from persons unknown to you, even if you share mutual friends.
- Do not post your e-mail address, phone number, date of birth or physical address on your Facebook page.
- Do have honest communication with new patients/clients about not engaging in online relationships with them via Facebook as part of an overall review of the therapeutic contract.
- Use great care in selecting photos of yourself for display on Facebook. Remember that photos of yourself from past years can cast suspicion on your otherwise stellar reputation.
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- Use great care in selecting photos of yourself for display on Facebook. Remember that photos of yourself from past years can cast suspicion on your otherwise stellar reputation.
- Use discretion when joining certain groups, fan clubs or specialty pages. This can open up your personal information to others who have also joined these pages.
- Avoid discussing confidential, work related matters on your Facebook page with friends, even in general terms.

Having worked in bush Alaska, Social Networking Sites are a lot like a HUGE small village:

You never know who’s looking or when
You might bump into a client by surprise
Unavoidable overlapping personal and professional relationships
There is always the inevitable gossip
There are many risk factors for unintentional self-disclosure
All can damage the therapeutic relationship
If something goes sideways, you can’t “un-ring the bell” – it’s OUT there!

Presented by
Mike Bricker, NCAC II, CADC II, LPC
Best practices for an online world

With more psychologists and clients using social networking sites, practitioners face ethical concerns they may never have considered before. Offering guidance are rural psychologists, who have confronted small-world confidentiality concerns for decades.

By Daniel G. Leven and Norman A. Scott, PhD
February 2014, Vol 45, No. 2

These professionals are, however, a great resource since they have been navigating dilemmas surrounding self-disclosures and boundary violations for years (Hargrove, 1982, 1986; Hargrove & Brookscole, 1993).

Applying small world ethics

Small world ethical thinking refers to a psychologist’s heightened awareness of how and where they are in the world. One way to do this is by evaluating the ethical implications of each situation, including the potential for self-disclosure and boundary violations.

Zur et al. (2009) noted that self-disclosure may have implications for therapeutic outcomes and can occur in three ways:
1. Deliberate, in which disclosures are intentional and avoidable.
2. Unavoidable, in which disclosures are inescapable but generally expected.
3. Accident, in which disclosures are both unavoidable and unexpected.

Suggestions for best practices online

Reducing liability risk online

Although social networking sites are popular ways to form and maintain social relationships, psychologists who use them are at greater risk of causing harm. For example, intentional or inadvertent disclosure of confidential information on social media could pose ethics violations and lead to legal problems under the Health Insurance Portability and Accountability Act, the Health Information Technology for Economic and Clinical Health Act and state laws (Wheeler, 2010).

To limit the liability risk of using social media, practitioners may need to take certain precautions. First, they should contact their professional and personal liability insurance representatives to find out whether their professional and personal liability insurance covers social networking sites. Along these lines, it would be helpful for APA to provide more nuanced guidelines regarding two aspects of social media communication: First, what online activities may or may not be considered part of a client’s record (Mikels, 2010), and second, what online activities are considered acts of a multiple relationship versus incidental contact (Sonne, 1994).
To “friend” or not to “friend”:
Is entering into a relationship in addition to the professional one necessary, or should it be avoided?
Can the dual relationship be potentially harmful to the client?
If harm seems unlikely or avoidable, would the additional relationship prove beneficial?
Is there a risk that the dual relationship could disrupt the therapeutic relationship?

CAN I EVALUATE THIS MATTER OBJECTIVELY? (emphasis added) [Youngren & Gottlieb 2004]

What about “googling” your clients?
Why do I want to conduct this search?
Would my search advance or compromise the treatment?
Should I obtain informed consent from the patient?
Should I share the results of the search with the patient? [Why or why not?]
Should I document the results of the search in the medical record?
How do I monitor my motivations and the ongoing risk/benefit profile of searching?
[Clinton, Silverman & Brandel 2010]
Without a social media policy, it's easy to find yourself on the wrong path...

Good treatment

Good Intentions

Some thoughts on Social Media

• Individuals and agencies without a unified web/social media presence will suffer.
• Know the law for your license!
• Have a Social Media Policy
• Be prepared to defend to a client why you will not interact with them … OR
• Be prepared to defend to your Licensing Board why your actions were not “close and personal” and do not further your own interests

bowdenmcblroy@utulsa.com
Social Media and Ethical Dilemmas for Behavioral Health Clinicians

Some guidelines for ethical decision-making

- Think twice (or even three times) before engaging in Facebook friendships with current or former patients/clients.
- This also applies to engaging in Facebook friendships with family members or friends of clients (former or current).
- Do not accept friendship requests from persons unknown to you, even if you share mutual friends.
- Adjust Facebook privacy settings to allow only "friends" to view your profile, status, photos, posts, etc. Even choosing the option "friends of friends" can leave counselors vulnerable to ethical violations. Do consider making your profile unsearchable as a privacy setting.
- Do not post your e-mail address, phone number, date of birth or physical address on your Facebook page.

Tips for Counselors
Kathleen Parish, LPC and Jeffrey C. Friedman, LISAC

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Tips for Counselors (con't)  
Kathleen Parish, LPC and Jeffrey C. Friedman, LISAC

• Do have honest communication with new patients/clients about not engaging in online relationships with them via Facebook as part of an overall review of the therapeutic contract.
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Tips for Counselors (con't)  
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• Use discretion when joining certain groups, fan clubs or specialty pages. This can open up your personal information to others who have also joined these pages.

• Avoid discussing confidential, work related matters on your Facebook page with friends or colleagues, even in general terms.

Don’t be alone with it! Consider asking:

your Clinical Supervisor  
an Elder  
a trusted colleague  
Or, if necessary  
legal counsel,  
Human Resources,  
Privacy Officer, etc.
Social Media and Ethical Dilemmas for Behavioral Health Clinicians

8 Tips for Counselors from NASW:
- Don’t “friend” clients
- Don’t blog, post, or make negative comments about work matters or colleagues
- Manage your privacy and location settings on social media accounts
- Implement a social media and technology policy
- Make clients aware of how their use of social media may compromise their confidentiality
- Do NOT Google Clients
- Become fully competent in the use of technology before implementing it into your practice
- Implement security and privacy measures for electronic communications and records

A “Twitter version” Social Media Ethics Policy:
- Don’t Lie, Don’t Pry
- Don’t Cheat, Can’t Delete
- Don’t Steal, Don’t Reveal

Farris Timimi M.D., Medical Director, Mayo Clinic Center for Social Media.

BFFacebook

Rick has successfully discharged a female client, who is moving to a remote community with no counselors available. He agrees with her request to “friend” him just to offer some support and friendly advice. He is careful not to breach her confidentiality, or provide “professional” counseling on her Facebook page. He does, however, offer occasional support and encouragement.

Whaddayathink?
Rick goes on an extended family vacation to rural Alaska, where there is no reliable internet access. He doesn't check his Facebook page or posts. When Rick returns home, he learns that his former Client had completed suicide while he was gone.

The Lawyers for the Client's family are suing Rick for "clinical abandonment". His former Client became fixated on their Facebook "relationship", and became convinced that it had become "romantic". There were 240 Facebook posts awaiting Rick on his return. When he didn't "respond", she committed suicide.

Developing a Social Media Ethics Policy

Ideally, a comprehensive social media ethics policy should address the most common forms of electronic communication used by both clients and Counselors: social networking sites, search engines, e-mail and text messages, location-based services, and consumer review sites.

(For a useful model, visit the website www.drkkolmes.com)

Polling Question 4

Does your organization or private practice have a specific written and updated Social Media Policy?

A. YES
B. NO
C. NOT SURE
WHY have a Social Media Ethics Policy?

- Social networking sites,
- Search engines,
- E-mail and text messages,
- Location-based services, and
- Consumer review sites.

- Confidentiality and boundary issues
- Client privacy
- Confidentiality (and perhaps boundaries)
- GPS-enabled phones and photos
- Have you ever been “YELPed”?

How to Write a Social Media Policy for Your Therapy Practice

- HPRA laws strictly require all healthcare professionals to safeguard their clients' privacy
- Social media counts.
- You must secure your clients' trust to develop productive working relationships with them.
- Social media offers ample opportunities to betray that trust.
- Your clients may not understand the ethical and legal boundaries that constrain you. As a result, they may push those boundaries.

A written social media policy will codify your approach to social media and explain it in clear terms to your clients before you begin your work together. If you want to avoid misunderstandings and disappointment later on, a social media policy can be one of your most effective tools.

Why You Need a Social Media Policy for Your Therapy Practice

As a therapist, you face many more ethical and legal complications on social media than your typical small business owner. As therapy marketing expert Daniel Wendler points out, other businesses can (and probably should) chat with their customers on Twitter, post coupons on Facebook, and ask clients to share their posts with friends online. You can't do any of that.

Social media is hard for therapists because:

- HIPAA laws strictly require all healthcare professionals to safeguard their clients' privacy
- Social media counts.
- You must secure your clients' trust to develop productive working relationships with them.
- Social media offers ample opportunities to betray that trust.
- Your clients may not understand the ethical and legal boundaries that constrain you. As a result, they may push those boundaries.

A written social media policy will codify your approach to social media and explain it in clear terms to your clients before you begin your work together. If you want to avoid misunderstandings and disappointment later on, a social media policy can be one of your most effective tools.
What to Include in Your Social Media Policy

How You Handle Friending and Following
Explain to your clients what (if any) social media presences you maintain and how you use them.

If you have a Twitter account where you interact with other therapists and share articles, for example, explain to your clients that you do not expect that they will follow you. If they do follow you, explain that you will not reply to their comments on Twitter or follow them back.

If you are on Facebook, tell your clients you will not reply to friend requests, nor will you make friend requests.

Also, make it clear that you will never share information about your clients or their sessions with anyone on any social media platform.

How You Can Be Contacted
Some clients may try to contact you with questions about their treatment via Facebook or other social media platforms. Inform your clients that these messaging tools are insecure and not appropriate for discussing their treatment.

What to Include in Your Social Media Policy

The Use of Business Review Sites
Business review sites, like Yelp, may add your practice to their listings without asking you first. If they do, clients and former clients may leave comments (positive and negative) about your practice there.

Your social media policy should explain to your clients that you don’t expect them to review your practice online and if they do, you won’t engage with them on business review sites or respond to their comments.

(If also a good idea to note that if they have a concern about your practice, clients should come to you directly.)

It’s Your Policy
No blanket social media policy will work for every therapy practice. Your social media policy will depend on which social media sites you use and which sites your particular mix of clients frequent.

Developing a Social Media Ethics Policy
by Frederic G. Reamer, PhD

A carefully constructed social media policy that counselors share with their clients can prevent confusion and minimize the likelihood of ethics-related problems concerning boundaries, dual relationships, informed consent, confidentiality, privacy, and documentation.

Ideally, a comprehensive social media ethics policy should address the most common forms of electronic communication used by clients and clinicians: social networking sites, search engines, e-mail and text messages, location-based services, and consumer review sites.
Developing a Social Media Ethics Policy (con’t)

Social networking sites: I have consulted on several cases where counselors learned painful lessons after the fact about boundary, dual relationship, confidentiality, privacy, informed consent, and documentation problems that can arise if they interact with clients on such networking sites. Although some Behavioral Health Clinicians—a distinct minority, it appears—seem comfortable with these electronic relationships with clients, most agree that a social media policy should inform clients that their counselor does not interact with clients as electronic friends or contacts on social networking sites.

Developing a Social Media Ethics Policy (con’t)

Search engines: For example, the National Association of Social Workers Code of Ethics states, "Social workers should respect clients' right to privacy" (standard 1.07[a]). When the current code of ethics was ratified in 1996, the committee that drafted it never imagined that this standard could possibly be applied to social workers' use of electronic search engines, which did not yet exist. Today, however, BH clinicians must decide whether it is ethical to conduct electronic searches about their clients. To respect clients' privacy, an ethics-based social media policy should explain to clients that their counselor will not conduct electronic searches about them unless there is, for example, a genuine emergency where information obtained electronically might protect the client from harm, or to find the forwarding address of a client for billing purposes.

Developing a Social Media Ethics Policy (con’t)

E-mail and text messaging: BH Clinicians who correspond with clients via e-mail or text messages about sensitive, clinically relevant information may expose a client to confidentiality and privacy breaches. E-mail correspondence and text messages are not 100% secure. Further, informal e-mail and text message exchanges, especially during what are customarily nonworking hours, may confuse clients about the boundaries in their relationship with social workers. A social media policy should explain to clients that counselors limit such electronic messages to appointment scheduling and other routine correspondence. Clients should understand that e-mail and text message communications may not be secure and that any electronic messages may become part of the clinical record.
Location-based services: Many clients use location-based services such as Foursquare, Loopt, and Gowalla to enable friends and acquaintances to follow their itinerary via their mobile telephones.

A social media policy should inform clients that their use of location-based services, especially if their mobile telephones are GPS enabled, may inform friends and acquaintances that they are visiting a therapist, thus jeopardizing their privacy.

Consumer review sites: Some clients choose to post publicly available comments on Web-based business review sites such as Healthgrades, Yahoo!, and Yelp about the clinical social workers from whom they receive therapeutic services.

Remember that responding to comments in any way violates HIPAA and 42CFR § 2

A social media policy should alert clients that posting comments on these websites with identifying information would compromise their privacy and confidentiality.

Most contemporary counselors completed their formal education and entered the profession before currently available social media were invented. Until relatively recently, electronic communication with clients meant telephone calls using landline equipment. Today, however, the social media revolution that has permeated clients’ and practitioners’ lives has introduced a wide range of clinical and, especially, ethical challenges.

To ensure compliance with prevailing ethical standards related to boundaries, dual relationships, confidentiality, privacy, informed consent, and documentation, prudent counselors should develop comprehensive social media policies and review them with clients.
Key Learnings, Process Improvements and Take-aways:

1. While social media have impacted every area of modern culture – and behavioral health practice – the Code of Ethics for Social Work, SUD Counselors and Clinicians have been slow to address the risks specifically and in detail.

2. This leaves the Counselor with the responsibility to research the implications on their own.

3. The NASW publication on Standards for Technology and Social Work Practice offers many useful guidelines.

4. There are numerous articles in the professional literature from NAADAC, Social Work and counseling that address these issues.

5. Ultimately, the greatest safety may lie in collaborative consultation with peers and supervisors.
Polling Question 5

As a result of this webinar, how likely are you to make any changes in your Social Media presence or practices?

A. I'm pretty up-to-date; no changes
B. Hmmm...a couple of things to look at
C. Yikes! I really need to update
D. I'm thinking of "opting out" of Social Media altogether

Thank You! for bringing Hope, Help and Healing to your Patients!

Thank You for your interest and attention!

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Social Media and Ethical Dilemmas for Behavioral Health Clinicians

Presented by
Mike Bricker, NCAC II, CADC II, LPC

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