DISCUSSION 10

Prior to beginning work on this discussion forum, be certain to have read all the required resources for this week. In recent years, the psychology profession has been greatly influenced by various forms of technology. The prevalence of psychology professionals using technology to market themselves and engage, socialize, and interact with others has created new opportunities and challenges. This is particularly true with regard to potential interactions with clients via these technologies. Given the exponential growth with which these technological advancements are permeating our world, we expect to see the proliferation of new issues, challenges, and opportunities within the realms of psychological research and practice.

In your initial post:

- Provide an overview of the relevant issues, ongoing trends, challenges, and future opportunities for psychology professionals and the populations they serve.
- Explain how the APA's Ethical Principles of Psychologists and Code of Conduct can be used to guide decisions in the ethical application of these technologies.
- Construct clear and concise arguments using evidence-based psychological concepts and theories to explain how current technological and policy shifts may influence trends in psychological research and practice.
- Evaluate potential work settings where the use of technologies promotes ease and convenience for both psychology professionals and the populations they serve.

What are the potential responsibilities of the psychology professionals as providers of care with regard to the use of these technologies? Does the increase in ease, convenience, and experience satisfaction for the parties involved outweigh any potential negative outcomes?

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

American Psychological Association (2010). Ethical principles of Psychologists and Code of Conduct: Includ 2010 Amendments.

Section 1: Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable

steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations
When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority (#102) , and 1.03, Conflicts Between Ethics and Organizational Demands (#103) .)

1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations (#104) , or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority (#102) .)

1.06 Cooperating with Ethics Committees
Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints
Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

Section 2: Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies (#202) .

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

Ethical Considerations of Social Networking for Counsellors/Considérations morales de gestion de réseau sociale pour des conseillers

Bratt, William.
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Abstract

None available.

Full Text

Headnote

ABSTRACT

The use of online social networking websites has increased among Canadians in recent years. There are many professional and ethical implications for counsellors who use these sites. Although they offer advantages to counsellors, their use can also raise issues around ethical conduct. Because the counselling literature has not yet addressed these issues, this article draws on literature from other disciplines. A variety of issues are discussed using multidisciplinary references. The author concludes that online social networks are valuable tools for connecting with friends and loved ones, but competent practitioners should be aware of the ethical concerns inherent in their use.

RÉSUMÉ

Dans les dernières années, l'utilisation par les Canathens de sites web de réseautage social est devenue de plus en plus fréquente. Il y a de nombreuses implications professionnelles et éthiques pour les aidants professionnels qui choisissent d'utiliser ces sites. Bien que l'utilisation de réseaux sociaux en ligne puisse être avantageuse pour les aidants professionnels, cette utilisation peut également soulever de sérieuses questions déontologiques et éthiques. Parce que la littérature en counseling n'a pas encore abordé ces questions, cet article fait appel à la littérature existante dans d'autres disciplines. Une variété de thèmes est abordée en se référant à des références multidisciplinaires. L'auteur constate que les réseaux sociaux en ligne constituent des outils bénéfiques pour être en contact avec ses amis et ses proches, mais que les aidants professionnels compétents devraient être conscients des préoccupations éthiques inhérentes à leur utilisation.

Tlie past decade has ushered in technological advances that have changed the way people communicate with one another. The improvement of wireless technology and the evolving capabilities of the Internet have made a tremendous impact on the norms that influence socialization and how we understand both private and public information (Boyd, 2007; Zur, 2008). One of the most noteworthy of these changes is the birth of social networking websites and their rising popularity around the world. For example, Facebook (2010), a widely used social networking site, reported that their worldwide membership more than doubled between February 2009 and February 2010. In Canada, the use of blogs, photo sharing, and online discussion groups increased 7% between 2007 and 2009 (Statistics Canada, 2010). Ellison, Steinfeld, and Lampe (2006) describe online social networks as

spaces for individuals to present themselves, express their social networks, and establish or maintain communication with others. These sites allow members to post personal information, share pictures, and connect with other users with similar interests, all with an often-perceived sense of anonymity.

The online public disclosure of private information can potentially yield negative consequences for users of online software. Helping professionals are also not immune to the harm that may occur as a result of irresponsible uses of online resources. The easy access to publicly posted private information raises several professional and ethical concerns for helping professionals (Boyd, 2007). While the use of online social networks offers advantages to counsellors, including tools for maintaining relationships with people living great distances away, their use can also raise serious issues around boundaries and ethical personal conduct (Boyd, 2007). Unfortunately, the ethical implications of using online social networks has received little attention in the professional counselling literature, while other disciplines, including nursing, medicine, pharmacy, and education, have discussed this topic to a greater extent (e.g., Cain, 2008; Cain, Scott, & Akers, 2009; Guseh, Brendel, & Brendel, 2009; McBrtde & Cohen, 2009; Witt, 2009). A search of both Canadian and non-Canadian counselling codes of ethics revealed that issues surrounding online social networking are not addressed in the American Counseling Association Code of Ethics (2005), the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy (2010), the Australian Counselling Association Code of Conduct (2008), or in the Canadian Counselling and Psychotherapy Association's Code of Ethics (2007) or Standards of Practice for Counsellors (2008). The purpose of this paper is therefore to discuss and apply the current multidisciplinary discourse around the ethical use of online social networks to the reality faced by Canadian counsellors in the 21st century, with a particular emphasis on the literature from the nursing field.

SELF-DISCLOSURE AND PERSONAL AND PROFESSIONAL BOUNDARIES

Professional counsellors have a responsibility to become aware of how their actions impact others (Corey, Corey, & Callanan, 2011). This statement has implications for how counsellors carry themselves both within and outside the counselling arena. Within the confines of a session, counsellors are advised to recognize their own needs and to strive to keep those needs from impeding the therapeutic growth of their clients (Corey et al., 2011). It is considered ethical practice to suspend actions, such as self-disclosure, unless the counsellor believes there may be some benefit to the client (Corey et al., 201 1; Zur, Williams, Lehavot, & Knapp, 2009). Self-disclosure is defined as the revelation of personal, rather than professional, information by a therapist to a client (Zur et al., 2009). Counsellors are advised to maintain a level of control over personal disclosures made by way of direct interpersonal interactions (Corey et al., 201 1). However, because of the currently prevalent use of online social networks, counsellors must also be wary of self-disclosures they make within the cyber domain (Zur, 2008).

For helping professionals, the Internet has significantly changed the nature of self-disclosure and transparency (Zur, 2008; Zur et al., 2009). Zur et al. (2009) argue that although self-disclosure is often regarded as purposeful, unintentional disclosures do occur. Because online social networks are essentially forums for broadcasting personal information, the use of these sites increases the likelihood of counsellors engaging in unintentional disclosures. Using online resources that are common in most Canadian households, clients are now able to find a wealth of information about their therapists (Zur, 2008; Zur et al., 2009). A common and simple way for clients to accomplish this is by joining social networks, such as Facebook (www.facebook.com) , MySpace (www.myspace.com) , or Twitter (www. twitter.com). Although a clients intentions may be benign (e.g., curiosity), there is a potential for covert malign actions, such as befriending one s counsellor by using an online pseudonym (Zur et al., 2009). Highly curious and intrusive clients may join social networks under a false name, befriend the clinician, and become privy to very personal and private information, unbeknownst to the counsellor (Zur et al., 2009).

Writing from a background in psychiatry, Luo (2009) states that unintentional self-disclosures made by therapists online also have the potential to harm clients and compromise the therapeutic relationship. From his perspective, a significant reason to avoid online self-disclosure to clients is to minimize the obstruction of transference, which he asserts may be a crucial aspect of the therapeutic process. Luo states that the ability for clients to connect with therapists via online social networks poses ongoing potential threats to the transference process, making it more challenging if not unachievable. Thus, the damage that online disclosures may pose to the therapeutic growth of clients is a further reason to avoid such actions.

This modern issue both exemplifies and reaffirms the need for counsellor selfawareness. To effectively address the potential for harm due to unintentional selfdisclosures, clinicians must be aware that all of their online postings may be viewed by their clients, and that those postings may stay online, in some form, forever (Hoser & Nitschke, 2010; Zur et al., 2009). It is advised that therapists search for themselves online periodically by simply putting their names into a Google search (Taylor, McMinn, BufFord, & Chang, 2010; Zur, 2008; Zur et al., 2009).

Additionally, Taylor et al. (2010) suggest that counsellors establish their own self-monitoring strategies regarding online behaviour. Tliey assert that peer consultation, documentation of online activity, and intenti onality may be the best methods that clinicians have to protect themselves and their clients from the harm that may result from online self-disclosures. By staying alert to online information involving themselves, counsellors are better equipped to maintain awareness of the online personae that they maintain.

PROFESSIONALISM AND ONLINE SOCIAL NETWORKS

Trie problems of unintentional online self-disclosure bring to light the importance of counsellors' awareness of their own attitudes and how they conduct themselves outside of sessions. While working within the counselling arena, therapists are likely to embrace and employ the common attitudes of effective helpers, such as empathy and open-mindedness (Neukrug & Schwitzer, 2006). However, outside the session, it is conceivable that counsellors will demonstrate attitudes or behaviours that are non-therapeutic. For example, counsellors may, in their personal lives, respond or offer ribald humour, engage in political criticism, or even demonstrate prejudicial attitudes (Neukrug & Schwitzer, 2006). If counsellors act on socially unacceptable attitudes or engage in irresponsible or questionable behaviour in their private lives, it is possible that this will become known in the community. Consequently, their professional reputation will become tarnished. It therefore follows that if counsellors engage in similar behaviour within the context of an online social network, the potential for negative consequences is magnified by the vast readership of the Internet.

Concern regarding online professional conduct has been expressed by writers working in a number of fields, including academia (Caín, 2008), nursing (McBride & Cohen, 2009; Witt, 2009), and pharmacy (Cain et al., 2009). These authors share the common belief that a lack of professionalism in online social networking can have significant deleterious effects on ones career.

McBride and Cohen (2009) describe the case of a nursing student who was expelled from the University of Louisville for her posts on MySpace. The student was reprimanded for writing about her patients, as well as her attitudes regarding gun rights, abortion, and other issues. Cain et al. (2009) make an argument for the importance of "e-professionalism," which involves regard for professional attitudes and behaviours displayed via online personae. Their study is based on the assumption that one's professional image can be compromised by publishing personal details, comments, and opinions, and/or joining controversial online groups. The authors in both articles draw the conclusion that the public judges professionals not simply by their demeanour at work, but also by the behaviour and values that they demonstrate in their personal lives.

For counsellors, this not only has implications for how clients may view a therapist, it also demonstrates the impact that online disclosures may have on future job opportunities. Although participation in online social media is primarily for personal and entertainment reasons, there has been an increase in employers using information posted online to make judgements of a professional nature (Cain et al., 2009; Witt, 2009). These messages offer important points of guidance for therapists interested in making use of online social networks. Counsellors should become aware of how their actions could lead to problems within their community. However, when interacting with others on online social networks, it is equally important for counsellors to recognize that their online actions may have the same effect, and be viewed by even more people than in the non-virtual world.

The negative implications of unprofessional conduct via online social networks are not merely limited to helping professionals. In an article directed toward clinical psychologists, Lehavot, Barnett, and Powers (2010) describe the potential impact unprofessional online conduct may have on the client and the therapeutic alliance. The authors recommend that professional helpers remain cognizant of the content of their postings, and avoid engaging in

online actions that may facilitate unprofessional boundary crossings by either clinicians or clients. Such discrepancies may put strain on the therapeutic relationship and hinder the client's therapeutic growth.

CONFIDENTIALITY AND ONLINE SOCIAL NETWORKING

From the outset of a counsellor's career, the importance of client confidentiality is iterated time and again (Corey et al., 2011). Because counsellors are privy to a wealth of intimate information from their clients, there are complex legal and ethical obligations to keep information private (Corey et al., 201 1). Within the counselling realm, confidentiality is defined as a fundamental ethical responsibility to take every reasonable precaution to respect and safeguard a client's disclosed information (CCPA, 2008). Further, all counsellors have an obligation to protect this information from inappropriate revelation to any person outside of the therapeutic relationship (CCPA, 2008). The need for counsellors to honour and maintain confidentiality in their working practice is based upon principles that reflect the foundation on which the profession resides (Schulz, Sheppard, Lehr, & Shepard, 2006). Specifically, the principles of "integrity in relationships" and "respect for self-determination" both unite to address the importance of client autonomy, the right for people to live their own lives and to have information pertaining to their well-being kept in confidence (Schulz et al., 2006). While professional and ethical issues regarding confidentiality are replete with nuances and exceptions, this basic definition and understanding is sufficient for the purpose of this article.

The professional obligation to uphold standards of confidentiality is not limited to those working in the counselling field. Many other disciplines that deal with human health and wellness employ their own standards of confidentiality (Cain et al., 2009; McBride & Cohen, 2009; Witt, 2009). While the importance for helping professionals to maintain confidentiality throughout their conventional everyday interpersonal interactions has been stressed extensively in the literature (Corey et al., 20 1 1), only recently has confidentiality become an issue with regard to online conduct (McBride & Cohen, 2009; Witt, 2009). Some authors suggest that the perceived sense of anonymity when using online social networks can result in a blurring of the boundaries between acceptable and risky personal and professional behaviour (McBride & Cohen, 2009). When this occurs, helping professionals are more likely to breach client confidentiality online.

McBride and Cohen (2009) refer to a case that took place within the nursing community in which two Wisconsin nurses were fired when they allegedly posted photos of a patient's x-ray on Facebook. The act of posting confidential information, even when names are not used, has resulted in considerable legal trouble for some helping professionals (McBride & Cohen, 2009; Witt, 2009). For those viewing confidential information posted by helping professionals, such as nurses, it is often possible to identify patients based on descriptions of conditions, the hospital at which they are admitted, or other information (Witt, 2009).

In the case described above, a referral was made to the FBI for possible violations of the Health Insurance Portability and Accountability Act (H IPAA). Although Canadian counsellors are not bound by this American act, there is a legal obligation to uphold the standards contained within Canada's Freedom of Information and Protection of Privacy Act (VIPPA; Turner, Uhlemann, & Stoltz, 2007). With regard to confidentiality, this act asserts that client information can be disclosed only in the event that (a) the client provides full written consent; (b) the counsellor is served with a court-ordered subpoena or warrant; (c) there is concern for public health or safety; (d) a law enforcement proceeding subpoenas it; or (e) if a client's file contains information necessary for contacting an injured, ill, or deceased client's next of kin (see Turner et al., 2007, pp. 426-427). Because online social networking sites do not fulfill these criteria, the disclosure of confidential client information on a social network could result in considerable legal ramifications if another online party reports the breach of confidentiality and unethical practice to the authorities. Additionally, the potential for a client to experience harm as a result of a counsellor's online breach of confidentiality is undeniable and could result in any number of negative consequences for that client.

MULTIPLE RELATIONSHIPS AND SOCIAL NETWORKS

In counselling, multiple relationships are defined as those in which a therapist, is in a professional role with a person in addition to another role with that same individual, or with another person who is close to that individual (CCPA, 2008). Multiple relationships are generally discouraged, although no code of ethics states that nonsexual multiple relationships with clients are inherently unethical (Corey et al., 201 1). Because of this, it maybe difficult to

understand the rationale behind this discouragement. These norms exist because of the potential for therapists to abuse their power in the counselling relationship at the expense of the client (Corey et al., 201 1). Most professional codes of ethics warn against these types of relationships because of the potential for the impairment of counsellors' judgement, their ability to render effective services, or the potential to cause harm or exploitation, to clients (Corey et al., 201 1). Ultimately, counsellors are discouraged from engaging in multiple relationships with clients because it minimizes their potential to uphold the fundamental principles on which counselling ethics reside (Schulz et al., 2006).

Because of the disconnection between real-life interactions and the perceived anonymity of the online world, "befriending" another person on a social network is as simple as clicking a mouse. The ease of establishing and maintaining online relationships is of concern to professional counsellors who strive to avoid engaging in multiple relationships with clients (Zur et al., 2009). It is conceivable that clients may seek out their therapists on a social network for a number of reasons (Zur et al., 2009). Clients who have a good working relationship with their counsellors may want to connect with them on a more personal level, while other clients may feel isolated in their personal lives and believe that an online "friendship" with their counsellor could bring their relationship to the next level.

Alternatively, a situation may arise in which a counsellor makes a hasty decision to answer a single question or concern posed by a client over a common social networking site because it is easy and convenient. Whatever the case, the act of accepting an online friend request from a client or communicating over a social network serves as an invitation into the counsellor's personal life and an opening into the realm of multiple relationships.

Witt (2009) cautions health practitioners against entering into multiple relationships with clients. By agreeing to be "friends" in the online world, helping professionals muddy the waters between personal and professional roles (Witt, 2009). Using examples from nursing, Witt outlines some of the plausible outcomes that may arise from online "friendships" with patients or their families. First, she describes the potential for an increase in the likelihood of a practitioner breaching confidentiality under the premise that when nurses befriend patients online, there may be an assumption of consent for sharing of information. A situation of this nature can be laden with difficulties when outcomes are not as expected, or when information becomes more public than originally intended.

Second, Witt (2009) warns of the danger of self-disclosure when professionals are friends with their clients on social networks. Specifically, nurses may share information about themselves that affects the trust their patients and their families place in them (Witt, 2009). Patients are unlikely to be impressed upon reading that their nurse was overtired and had not slept all day before going to work, although such news may be pleasing to a plaintiffs attorney (Witt, 2009).

Counsellors can learn from these examples as they, too, are bound by similar standards of professional practice. They are also equally capable of falling prey to the same errors in judgement as other helping professionals. As suggested by Younggren and Gottlieb (2004) and outlined by Corey et al. (201 1), the same questions that counsellors use to make sound decisions about multiple relationships in the real world may be employed when considering the ethical consequences of engaging in an online multiple relationship with a client:

* Is entering into a relationship in addition to the professional one necessary, or should I avoid it?

* Can the multiple relationship potentially cause harm to the client?

* If harm seems unlikely, would the additional relationship prove beneficial?

* Is there a risk that the multiple relationship could disrupt the therapeutic relationship?

* Can I evaluate this matter objectively? (Corey et al, 201 1, p. 273)

In most cases, entering into a multiple relationship with a client in an online social network is both avoidable and unnecessary. For counsellors whose clients invite them to become online friends, the opportunity to engage the client in an open discussion around the issue should be observed and taken advantage of. In such an event, the

counsellor has the responsibility to engage in a transparent dialogue with the client around the reasons for professional and personal boundaries in their online interactions (Neukrug & Schwitzer, 2006). This type of conversation can bolster the quality of the therapeutic relationship and result in the client becoming more understanding of the counsellor's personal and professional limitations.

CASE STUDY: APPLICATION OF ETHICAL ONLINE SOCIAL NETWORKING CONDUCT

Taking the example of Lauren, a recent graduate from a Master's in counselling program who is in her mid 20s, the ethical implications of using online social networks are considered. Consumer data from 2008 indicates that the primary users of social networking software are between the ages of 17 and 25 (Cain, 2008). Additionally, in 2009 there was a significant increase in the number of users aged 35 and older from around the world (Witt, 2009). These figures show that a considerable number of adults around Lauren's age are embracing online social networking trends.

Over the past year, Lauren had considered creating a Facebook profile. A primary source of uncertainty pertaining to this decision related to her concern with how maintaining an online public profile might impact her practice as a new professional counsellor. In her mind, the last thing she wanted was to have clients or their family members finding her online and trying to "friend" her. Lauren's rationale behind this reluctance resided in her desire to avoid multiple relationships with clients, coupled with a sense of unease about having personal information accessible to some people she might not want to share it with.

Recently, Lauren decided that she would proceed with creating a Facebook profile. After carefully weighing the costs and benefits of participating in an online social network, she decided that the benefits were of greater importance to her than the costs. Specifically, Lauren recognized the usefulness of Facebook as a means of connecting with many of the friends she had made over the years, several of whom were scattered around the world. By way of the social network, Lauren was able to keep those people updated on current events in her life and stay connected with less effort than it would take to individually call them on the hone on a regular basis.

Self-Disclosure and Protection of Privacy

The reservations that Lauren had about joining Facebook were closely in line with many of the concerns raised in the multidisciplinary literature. For example, she considered how having her own personal information on the Internet might affect her professional life. While she would not feel comfortable with clients looking her up on Facebook in an effort to learn more about her, she recognized that she may run that risk by engaging in an online social network. To address this concern, she looked into the privacy settings provided by the network. Facebook allows users to regulate who can (a) view their profile, (b) contact them and obtain their contact information, (c) search their profile using Facebook or other search engines, and (d) interact with them on Facebook. By increasing the privacy settings under each of these criteria to the maximum level allowed, Lauren enabled only selected people to view her profile and interact with her. By doing so, she was able to minimize the extent to which she engaged in unintentional self-disclosure to curious clients who might try to find her Facebook profile.

Professionalism, Confidentiality, and Online Conduct

To address the issue of professionalism and online conduct, Lauren was mindful of the public nature of Facebook. In doing so, she ensured that she did not post statements that she would not feel comfortable verbalizing within earshot of a group of people in the community. As the literature indicates, it is important to remember to "think before you post" (Witt, 2009, p. 257). Lauren therefore strived to cultivate awareness of those who might be reading what she posted. She was able to regulate her online conduct by imagining (a) her supervisor, (b) her instructors, (c) her clients and their families, and (d) future employers reading what she posted. By erring on the side of caution, Lauren took steps to protect herself from inappropriate public disclosures.

Lauren's approach to upholding professionalism in her online conduct also served as a safeguard from breaching confidentiality on social networking sites. She was well aware of the repercussions that can follow the unethical breach of confidentiality. She therefore ensured that she avoided sharing private client information with peers, friends, and family in her everyday life. The same was true when using Facebook. She knew that venting online

about difficult clients would be both disrespectful to those clients and professionally inappropriate. Lauren therefore looked for more ethical debriefing procedures when she felt the need to discuss a troubling professional situation.

Multiple Rektionships and Facebook

The issue of multiple relationships came up for Lauren when a client proposed that she join a Facebook group to which he belongs. In that case, Lauren respectfully declined his invitation and explained the reasons behind her professional avoidance of multiple relationships. Luckily, the client was understanding and respectful of her boundaries.

The rule that Lauren followed to avoid multiple relationships with clients on online social networks was "do not add them." In other words, if a client proposed, either in a session or in an online context, that they should be Facebook friends she was firm about not accepting invitations. Instead, she would engage in a transparent dialogue with that client in their next session to ensure that there is a mutual understanding of one another's positions. This approach facilitated respect of Lauren's own boundaries as well as respect for the client, whom, as the literature suggests, is most likely to benefit from abstaining from multiple relationships (Corey et al., 201 1).

CONCLUSION

The many facets and implications of counsellors' use of online social networks have yet to be fully understood and thoroughly studied. While research and commentary from other fields is sparse, discourse is increasing and the issues are being addressed more readily than in the early part of this decade. By taking a multidisciplinary approach to the literature coming from other fields, counsellors are able to use the existing information to inform their practice. In doing so, counsellors may note the similarities between their own and other helping professions with regard to concerns surrounding ethical competency in their online personal lives.

Issues of boundaries, professionalism, confidentiality, and multiple relationships are all matters of concern shared by counselling and other helping fields (Cain, 2008; Cain et al., 2009; McBride & Cohen, 2009; Witt, 2009; Zur et al., 2009). Counsellors and other helping professionals have strived to establish clear and firm guidelines for ethical practice. The repeated compromise of ethical frameworks by counsellors through the use of online social networks could eventually lead to undermining the credibility of the larger professional community. The continued engagement in unethical online conduct could seriously damage the public view of professional counsellors and harm clients in its wake. Tlie underlying message behind all of the current muitidisciplinary literature is that online social networks are helpful tools for connecting with friends and loved ones.

Competent practitioners should also be aware of the ethical pitfalls inherent in their use of online social networks. These pitfalls may yield deleterious consequences for both counsellors and clients. Having strategies to address these concerns is important, should the need arise. One potential alternative to the strict avoidance of making contact with clients by way of social networks is for counsellors to create online profiles specifically for professional use. By including only information relevant to their practice in their professional profiles, counsellors may avoid unintentional online disclosures and keep their contacts with clients on a strictly professional level. By recognizing the advantages and disadvantages of using online social networks, counsellors may be able to maintain an ethically sound balance between their professional lives, personal lives, and their online personae. Further exploration of these issues will be helpful to counsellors as we move farther into the 21st century.

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To Google or Not To Google: Graduate Students' Use of the Internet To Access Personal Information About Clients

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The emergence of Internet search and social media sites now permits therapists to obtain a plethora of personal information about their clients online. These behaviors raise a number of ethical issues related to client privacy, self-determination, and informed consent. The purpose of this study is to examine student therapists' opinions and behaviors in regard to the use these websites to search for information about their clients. A national sample of 854 psychology doctoral students was surveyed in regard to their online activities, attitudes, and frequency of searching for client information online. Results showed that Internet usage is pervasive in this group, with the majority reporting daily use of search engine or social networking sites. Most participants reported that searching for information about clients online using search engines (66.9%) or social networking websites (76.8%) was "always" or "usually" unacceptable. Nevertheless, 97.8% of participants reported searching for at least one client's information using search engines in the past year; 94.4% reported searching for client information on social networking websites. Overall, student therapists reported searching for 16.5% of clients seen in the past year, using either search engine or social networking sites. The ethical and training implications of these results are discussed.

Keywords: Internet, privacy, social media, training, ethics

The explosion of search engine and social networking websites now permits anyone with an Internet connection to view a plethora of personal information about others. Through these sites, information that was previously private, or at least more difficult to obtain, is now easily available to the public with the simple click of a mouse. Personal information, including photographs, videos, criminal records, credit reports, property values, political or religious affiliations, and other data are now potentially accessible online. This unprecedented access raises a range of new questions about how Internet search and social networking capabilities impact the training of professional psychologists. For example, recent writings have discussed the ethical implications of faculty members using the Internet to search for graduate school applicants or current students, as well as the possibility of clients accessing detailed personal information about student therapists online (Lehavot, 2009). In addition to these situations that may leave students vulnerable to searches, there is also potential for trainees—many of whom are likely to be well versed in search and social media websites—to seek information about others online, including their clients. Whether it is to verify facts provided by the client, to obtain information perceived to be clinically relevant, or just out of curiosity, the types of information that can be accessed by therapists about clients are virtually limitless.

The vast amount of personal information online raises the important question of whether it is ethically appropriate for practitioners, including student trainees, to search for information about clients using the Internet. The current *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002), which came into existence before widespread use of the Internet as a source of personal information, provides little explicit guidance in addressing Internet searches. Nevertheless, General Principle E states that, "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination" (p. 1063). In commenting on client privacy, Smith-Bell and Winslade (1999) noted that, "when a person enters into a therapeutic relationship, the client relinquishes his or her personal privacy of thoughts, feelings, beliefs, and so forth, in exchange for the prospect of therapeutic understanding and assistance" (p. 152). Implied in this arrangement is an understanding that the client determines the type and timing of personal information to be disclosed to the therapist. Although various factors may influence these decisions (e.g., length of time in therapy; strength of the therapeutic alliance; Farber, 2003), few would dispute that a client's right to privacy includes deciding if and when to share personal information with a therapist. A corollary to this is that therapists do not actively seek information about clients through outside channels without a client's knowledge. Indeed, doing so (e.g., through an online search) may be viewed as an unauthorized intrusion of privacy that un-

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dermines a client's right to self-determination alluded to in Principle E.

As suggested above, a key element in evaluating whether a search violates a client's privacy is the question of prior approval. Standard 3.10a requires that therapists seek informed consent from clients about the services to be provided. Although commonly known to involve certain components (e.g., discussing confidentiality and its limits, fees and payment options, the training status of student therapists), informed consent also encompasses a broader need to inform clients about the nature and process of psychotherapy, including approaches and techniques that might be used (Fisher & Oransky, 2008). Thus, just as therapists must secure written authorization to obtain information about clients from third parties (e.g., prior therapists, physicians; Fisher, 2002), so too should they request permission before accessing sources such as the Internet. Failure to do so places therapists in the difficult position of deciding how to use newly acquired information therapeutically without clients feeling their privacy has been violated.

Although the need for privacy and informed consent suggest that therapists' use of the Internet to search for clients may be inappropriate, graduate students' views and actual behaviors in this emerging area are currently unknown. Consistent with the above discussion, many trainees may feel that clients should be the sole gatekeepers of information about themselves—and that accessing personal information online (i.e., by "Googling") without a client's permission is a violation of privacy that could damage the therapeutic relationship. On the other hand, many student therapists, for whom Internet search and social networking activities are commonplace in everyday life, may see little harm in conducting searches. According to this view, information on the Internet is publicly available and represents an appropriate and, at times, therapeutically useful source of information about clients (e.g., to check for prior sex offenses committed by a client). This viewpoint would be consistent with the observation that social media and other websites have contributed to an erosion of interpersonal boundaries and decreased expectations of privacy between individuals (Behnke, 2008). These differing positions represent two of the many opinions that trainees may hold about conducting searches for clients on the Internet. Mirroring these opinions may also be differences in actual searching behaviors, with some trainees having refrained from searches altogether while others perhaps searching for many clients. Despite anecdotal reports that mental health providers routinely turn to the Internet as a source of information about clients (Clinton, Silverman, & Brendel, 2010), it appears that no published research has examined therapists' attitudes or actual use of the Internet in this manner.

The overarching purpose of this study is to examine doctoral trainees' opinions and behaviors about online searches for information about their clients. The recent emergence of these issues called for an exploratory investigation of several important questions, which we conducted with a large sample of clinical, counseling, and school psychology doctoral students. The specific aims of the study were to do the following:

1. Assess graduate students' attitudes regarding the acceptability of using search engine and social networking websites to search for personal information about their clients. Although the lack of prior work in this area makes predictions about overall acceptability difficult, findings that younger individuals are more frequent users of Internet (Jones, 2002) suggest that, relative to older respondents, younger participants will find such searches more acceptable. Further, as time in program increases—and students presumably receive more formal ethics training and real-world clinical experience—we expected that the acceptability of searching for clients would decline.

2. Document the frequency with which trainees use search engines and social networking sites to seek personal information about clients. Corresponding to our predictions about attitudes, we expected that younger participants and those earlier in training would more frequently engage in these behaviors.

3. Finally, because of the ethical relevance of informed consent in conducting Internet searches, we also assessed whether student therapists inform clients of their attempts to locate personal information about them online.

Method

Participants

Participants were 854 students enrolled in clinical, counseling, and school psychology doctoral programs in the United States and Canada. Participants resided in 43 different states as well as several cities in Canada. The mean age of participants was 28.07 (SD = 4.92) years. Participants were mostly female (81.5%), European American (89.9%), and non-Hispanic (93.8%; see Table 1 for full demographic characteristics of the sample). These sample characteristics are comparable to national data reported to APA by Accredited Doctoral Programs in the United States in 2008 (www.apa.org, retrieved March 16th, 2010). The majority of participants were doctoral-level students (88.8%) and were enrolled in clinical psychology programs (68.4%), followed by counseling (15.9%) and school (15.8%) psychology doctoral programs.[1]

Measures

Internet usage questionnaire. This questionnaire was designed by the investigators to collect data relevant to the primary study aims (see Table 2 for item wording and response options). To establish baseline usage rates, participants initially reported their overall use of search engines and social networking sites for any purpose, as well as whether they maintained a personal webpage on a social networking site. Participants then responded to Likert-type items, assessing (a) attitudes about the acceptability of therapists who use search engines and social networking sites to

[1] The survey was distributed only to doctoral programs. However, in response to Item 5 (simply stated "Degree type") some participants selected the option "terminal masters" (see Table 1). All individuals who selected "terminal masters" nevertheless reported that they were currently in their third or fourth year of training, which is inconsistent with being in a master's program. We conclude that these respondents were doctoral students who reported their highest degree earned to date (the masters).

Table 1
Sample Characteristics (N = 854)

Variable	Univariate statistic
Age	28.07 (4.92)
Gender	
Male	152 (18.5%)
Female	668 (81.5%)
Race–Ethnicity	
White–European American	693 (89.9%)
Asian	44 (5.7%)
Black–African American	27 (3.5%)
American Indian–Native Alaskan	7 (.9%)
Hispanic	
Yes	51 (6.2%)
No	769 (93.8%)
Degree type	
PhD	690 (88.8%)
PsyD	40 (5.1%)
Terminal MA	46 (5.9%)
Program type	
Clinical	560 (68.3%)
Counseling	130 (15.9%)
School	130 (15.9%)
Year in program	
1st	160 (19.4%)
2nd	153 (18.6%)
3rd	166 (20.1%)
4th	140 (17.0%)
5th	117 (14.2%)
6th and beyond	88 (9.9%)

Note. PhD = doctorate; PsyD = doctor of psychology; MA = master of arts.

seek information about clients, as well as their actual searching behaviors; and (b) clients' awareness (or not) of such behaviors. Following the item-assessing acceptability of searching, an open-ended question asked participants to provide the rationale for their response. Because the information available through search engines and social networking sites can differ, participants were queried separately for each type of site.

Procedures

Following approval from the Institutional Review Board, solicitation for participants proceeded in two ways. First, to contact clinical and school psychology students, individual recruitment e-mails were sent to the training directors (TDs) of APA-accredited clinical and school psychology programs in the United States and Canada. TDs' e-mail addresses were obtained through the websites of the Council of University Directors of Clinical Psychology (CUDCP; 187 member programs) and the National Association of School Psychology (NASP; 89 member programs). A recruitment e-mail that contained a brief description of the study was sent to TDs with a request for them to forward the survey link to their students. To contact counseling psychology TDs, the same study description and link was posted to the counseling psychology TDs' listserv, with a request that they forward the recruitment e-mail to their students. Interested participants were directed to a Survey Monkey website, where they gave consent to participate before completing the questionnaire. As incentive for completing the questionnaire, participants were offered the opportunity to enter a drawing for one of three $50 cash awards. The completion rate for this study (percentage of those viewing the survey who finished it) was 91.3%.

Results

Overall Use of Search Engines and Social Networking Sites

The distribution of responses to items on the Internet usage questionnaire is contained in Table 2. Overall, 87.6% (n = 684) of respondents reported using search engines on a daily basis, whereas 30.9% (n = 242) reported daily usage of social networking sites. In addition, 71.8% (n = 562) reported having a personal webpage on social networking websites such as Facebook or MySpace.

Acceptability of Searching for Client Information

Approximately 67% (n = 522) of participants felt it was either *never acceptable* or *usually not acceptable* to search for information about a client by using search engines. Because age and year in program were positively correlated, $r(820) = .36$, $p < .001$, partial correlations were used to examine associations between these two variables and acceptability ratings with the effects of the other variable removed. Contrary to expectations, there was no significant correlation between age and acceptability of searching for a client by using a search engine. Also unexpectedly, a positive partial correlation was found between year in program and acceptability of searching for client information using a search engine, $r(773) = .12$, $p = .001$.

For social networking websites, 76.8% (n = 598) of the sample felt it was either *never acceptable* or *usually not acceptable* to search for client information. Contrary to prediction, a partial correlation controlling for year in program showed no relationship between age and acceptability of searching for a client on a social networking website. Also unexpectedly, a small but significant positive correlation was found between year in program and acceptability of searching for client information on social networking websites, $r(773) = .09$, $p = .007$.

Figure 1 contains a summary of open-ended responses that reflect the reasons why it might be acceptable to search for a client's information online. These responses were coded by the second author for content, with a number of categories emerging. Although the most common response overall was that it was not acceptable under any circumstances to search for a client's information online, the most common reason searching was seen as acceptable was to assess client risk. Chi-square analyses were used to test differences between the frequencies of reasons provided for conducting search engine and social networking searches. Proportionally more respondents found it unacceptable to search for client information on social networking websites compared to search engines (40.0% for search engines; 47.2% for social networking websites), $\chi^2(10, N = 778) = 17.11$, $p < .01$. Significantly more respondents also indicated that client consent was needed before conducting a search on a social networking website (38.8%) than a search engines (26.4%), $\chi^2(10, N = 570) = 20.0$, $p < .05$. Similarly, a larger proportion of respondents said that using search engines was acceptable to confirm client reports

Table 2
Summary of Internet Usage for All Participants

Variable	Univariate statistics
Frequency of Google usage:	
Never	2 (.3%)
Less than once every two months	2 (.3%)
Once per month	2 (.3%)
Once per week	91 (11.6%)
Daily	685 (87.6%)
Frequency of Facebook, MySpace, or other social networking website usage:	
Never	173 (22.1%)
Less than once every two months	94 (12.0%)
Once per month	82 (10.5%)
Once per week	192 (24.5%)
Daily	243 (31.0%)
Do you have a profile on a social networking website?	
Yes 563 (71.8%)	No 221 (28.2%)
How do you rate the acceptability of searching for information about a client using Google?	
Never acceptable	214 (27.4%)
Usually not acceptable	309 (39.6%)
Sometimes acceptable	164 (21.0%)
Often acceptable	59 (7.6%)
Always acceptable	35 (4.5%)
How do you rate the acceptability of searching for information about a client on social networking websites such as Facebook or MySpace?	
Never acceptable	328 (42.1%)
Usually not acceptable	271 (34.7%)
Sometimes acceptable	121(15.5%)
Often acceptable	37 (4.7%)
Always acceptable	23 (2.9%)

given in therapy (11.7% for search engines compared to 2.6% for social networking sites; $\chi^2(10, N = 563) = 26.74, p < .01$. Differences were also found for searching for general information about clients, with more participants indicating this is an acceptable use of search engine (18.4%) than social networking website use (3.2%), $\chi^2(10, N = 563) = 36.98, p < .01$. Finally, seeking personal websites that may be relevant to topics discussed in session was more often offered as a reason for searching social networking websites (26.6%) than search engines (11.8%), $\chi^2(10, N = 571) = 50.26\ p < .01$.

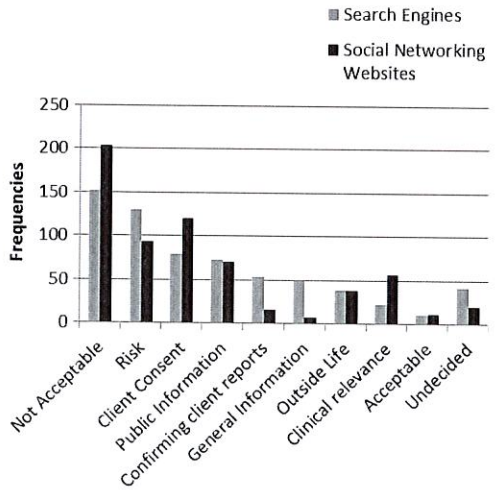

Figure 1. Reasons for searching for clients who use search engine and social networking websites.

Seeking Information About Clients

The total sample of 854 participants reported seeing 13,582 therapy or assessment clients in the past year ($M = 15.9$ per student). These respondents reported having searched the Internet for 16.5% of all clients ($n = 2,241$) using either search engine or social networking sites. Of the 783 participants who reported seeing clients, 97.8% ($n = 766$) had searched for at least one client's information using search engines such as Google, whereas 94.4% ($n = 739$ had searched for at least one client's information using social networking websites. It is interesting to note that 66.9% ($n = 513$) of those therapists who had conducted search engine searches for client information also reported that it was either *always* or *usually* unacceptable to do so. Likewise, 76.8% ($n = 568$) of those therapists found it *always* or *usually* unacceptable to search for client information on social networking websites.

Partial correlations were again used to examine the relationships between age and year in program in relation to percentage of clients searched by using search engines and social networking sites. Contrary to predictions, there was no relationship between age and percentage of clients searched by using either search engines or social networking websites, while controlling for year in program. As predicted, however, a significant negative relationship emerged for year in program and the percentage of clients searched by using search engines, while controlling for age, $r(733) = -.28, p < .001$. A significant negative association was also found between year in program and the percentage of clients

searched by using social networking websites, after controlling for age, $r(733) = -.26$, $p < .001$.

Client Knowledge of Searches

As mentioned previously, 97.8% of therapists had searched for at least one client using search engines such as Google, and 94.4% had searched for at least one client using social networking websites. The nearly universal reports of having searched for client information raise the question of whether clients are aware of these activities on the part of their therapists. Among those who had searched for at least one client, therapists reported that 82.1% (n = 643) of those clients were aware of the Google search, whereas 82.5% (n = 646) of clients were said to have been aware of their therapists social networking search.

Discussion

This study may be the first to assess therapists' attitudes and actual attempts to use the Internet to obtain personal information about clients. Most participants (67%) found it *completely unacceptable* or *usually not acceptable* to search for client information online. Although these findings indicate that therapists primarily disapprove of using the Internet as a source of information about clients, nearly all participants had searched for at least one client by using search engine or social networking sites (97.8% and 94.4%, respectively). Moreover, two thirds of these participants who disapproved of searches had nonetheless conducted at least one search for information about a client. This discrepancy between attitudes and actual behaviors should be considered in the context of graduate students' overall frequent use of Internet search and social media sites. Here, the majority of respondents reported using one or both of these sites on a daily basis, and over 75% maintained their own social networking pages. These findings demonstrate that search and social networking activities are commonplace in trainees' everyday lives. Thus, just as doctoral students may think nothing of taking a few moments to learn something about a new social acquaintance online, so too may they quickly turn to the Internet as a source of information about their clients. Responding to survey questions about these activities, however, may have given participants reason to pause and more carefully consider the appropriateness of these activities, leading most to express hesitation about conducting such searches. Nevertheless, the reported discrepancy between attitudes and actual search behaviors suggests that although trainees recognize that searches are ethically questionable, the ubiquity of these activities in their everyday lives may lead them to feel that client searches are of little consequence or are easily justified because of their anonymity (e.g., "What my client doesn't know won't hurt him/her"). If so, this suggests a need for education efforts that heighten trainees' awareness of the ethical implications of online searches in order to bring behaviors more in line with their cautious attitudes about such practices.

Contrary to expectations, no unique associations were found between age and either attitudes about client searches or actual search behaviors. Perhaps exposure to the culture of the Internet, including the pervasive use of search and social networking sites, has resulted in a similarity of attitudes and behaviors within the relatively narrow age range of participants in this study. As expected, we found a relationship between year in program and search behaviors, such that more advanced training was associated with fewer clients searched. These results are encouraging and suggest that with increasing experience and professional development, students are less likely to engage in client searches, presumably due to greater cognizance of the ethical and therapeutic issues involved. At the same time, however, we found positive associations between year in program and the acceptability of conducting client searches. Although significant, these associations were rather weak (.09 and .12 for search engines and social networking sites, respectively).

Nearly all graduate student therapists had used search engine or social networking sites to search for at least one client's information. Student therapists, therefore, are actively seeking information about certain clients through means other than face-to-face conversations or traditional requests for records from third parties. At the same time, therapists are not searching indiscriminately for every client online (16.5% of all clients had been searched), which suggests that trainees are using criteria in making decisions about which client's information to search for online. The responses to the open-ended questions shed light on this reasoning. The most common reasons for searching included (a) gaining a better understanding of the client's outside life, (b) clarifying personal information such as phone numbers or addresses, and (c) investigating issues that arose in therapy (i.e., risk issues or confirming questionable client reports). These findings suggest that a wide range of justifications are being used for conducting searches. Further, differential criteria were offered for using search engine versus social networking sites. Search engines were more likely to be used in cases of fact checking client reports. Notably, issues that concern clinical relevance were more likely to trigger searches on social networking websites than search engines. This finding suggests that therapists may view these websites as useful sources of clinically relevant information such as self-harm or substance abuse behaviors. These findings indicate that therapists are determining which website will best provide the type of information they are seeking about their client.

Surprisingly, trainees reported that the vast majority of clients (82.1%) were aware of the searches they had conducted. This finding is encouraging and consistent with the open-ended reports that obtaining client consent is an important consideration in determining whether to conduct a search, particularly on social networking sites. These results also suggest broad support for the notion that searches should not be conducted without client knowledge and informed consent. However, many questions remain about the means by which clients are informed about these searches. For example, do therapists obtain consent from clients prior to conducting a search or do clients find out only after searches have taken place? Are clients inviting therapists to "friend" them on social networking sites, thus granting them permission to search? Given the importance of obtaining informed consent, further investigation is needed to explore how and when these conversations are taking place. Finally, we cannot rule out the possibility that the high rates of informing clients about searches found here partially reflect over reporting by therapists who are hesitant to disclose searches were conducted without clients' knowledge.

Clearly, some trainees are turning to the Internet as a source of information about clients, and believe that doing so is acceptable

for a variety of reasons. This suggests a need for clear principles to guide clinicians in deciding the circumstances in which searches can be conducted ethically and in the best interest of clients (e.g., without unnecessary breaches of privacy). For example, most would agree that searching online for a client's contact information is not ethically problematic; however, searching for other information should be guided by more explicit ethical guidelines. As noted, although certain aspects of the current APA Ethics Code are relevant, the current version was developed before the emergence of the Internet as a major source of personal information. We invite APA to consider offering more explicit guidance, or to provide further advice for extrapolating current principles to online searches (see Behnke, 2010). For example, Clinton et al. (2010) offered a heuristic framework for making ethical decisions about the appropriateness of client searches. This framework stresses a case-by-case consideration of (a) the reason for conducting a search, (b) the positive or adverse effects of a search on treatment, (c) the question of obtaining client consent, (d) whether to share results of the search with the client, and (e) whether to document the search. Efforts such as this may help therapists to avoid inadvertently placing themselves in ethically compromising situations.

It is important to consider the present findings in light of the study's limitations. First, although we were successful in obtaining a large, geographically diverse sample, individuals self-selected to participate in the study. Thus, it is possible that those who decided to respond to the survey differ systematically from those who did not. Similarly, because our survey was distributed primarily to PhD programs, resulting in proportionality fewer PsyD respondents, it is unclear whether the current findings generalize to the broader population of students in PsyD programs. Second, although participants responded to open-ended questions in regard to the reasons in general for conducting client searches online, we did not ask about motivations for any particular searches. Thus, we do not know how often searches were conducted for relatively harmless reasons (e.g., to obtain basic contact information) or for more ethically questionable purposes (e.g., curiosity about a client's personal life). Future studies should examine this important question. Finally, the present findings represent a "snap shot" of opinions and Internet behaviors at the point of data collection. However, the Internet is rapidly evolving, which includes the continual advent of new applications and features (e.g., Twitter, Foursquare) with potential relevance to training and clinical practice. It is safe to assume that therapists' attitudes and behaviors in regard to the role of the Internet in these domains will continue to evolve as well.

The acceptability of conducting searches for client information online is but one of the many complicated issues confronting therapists in a rapidly changing Internet environment. Findings from this study, particularly the incongruence between attitudes about searching and frequency of actual search behaviors, suggest a pressing need for this issue to be addressed within doctoral training programs. To facilitate this process, we offer the following recommendations:

1. Programs should establish policies governing student therapists' use of the Internet to seek information about clients, including the circumstances, if any, in which it may be appropriate to conduct such searches. In general, we recommend proscriptions against these behaviors except where it is likely to benefit the client and prior consent (preferably written) is obtained. There may be exceptions to this general rule, however, such as in certain forensic cases or situations when the therapist, client, or another individual is in imminent danger.

2. Policies governing therapists searching for clients (as well as other online contact) should be discussed with clients and spelled out in understandable terms as a part of the informed consent process at the outset of therapy. Therapists who desire to search for information about a client online should seek permission from the client to do so. Just as clients sign releases of information granting therapists permission to seek information from third parties, so too should written permission be obtained for therapists to seek information about clients online. This process should include a discussion of the risks (e.g., breaches of privacy) and inform clients of any exceptions to the need for informed consent.

3. To promote understanding of program policies, faculty and supervisors should discuss with students the ethical and therapeutic implications of conducting online searches. Until such time as more formal guidance is offered from APA, particular emphasis should be placed on the relevant principles in the existing Ethics Code along with heuristic models such as Clinton et al. (2010). Clinical supervision is an ideal context in which to have these discussions. While guiding students through a decision making process, supervisors can help them consider important therapeutic issues ("What is your motivation for searching?" "Will this information benefit your client?" "What will you do with the information?").

Additional research is needed to shed further light on trainees' searching activities. For example, it will be important to examine clients' perceptions of therapists' searching behaviors. Although many clients may experience uninformed searches as an invasion of privacy, others may be comfortable with certain online interactions with therapists. Anecdotally, we have heard of clients reaching out to therapists through Facebook and other sites. In contrast to the unilateral searches investigated here, these activities involve mutual interaction between therapist and client that raise a range of concerns about multiple relationships and boundary violations. Nevertheless, additional work is needed to explore whether there are any circumstances under which these types of interactions are permissible (e.g., a therapist "friending" an adolescent client to observe and help monitor online activities). Relatedly, an important focus of future research should be the converse of this study—that is, how often are clients searching for therapists online, and how does the information they obtain impact clinical practice? Considering the frequency of online activities, we assume that graduate student therapists are actively posting personal information on the Web, but it is currently unknown whether they consider the information they are posting in light of their roles as developing clinicians and professionals (Lehavot, 2009). The relevance of this issue is highlighted by recent findings that the majority of medical students and residents are active Facebook users and of those posting photographs, 70% of the photos included use (and in some cases excessive use) of alcohol, which could be considered unprofessional (Thompson et al., 2008). These results again underscore the need for students to receive guidance on the ethical, professional, and privacy implications associated with Internet usage.

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