ASPPB

Association of State and Provincial Psychology Boards

ASPPB Social Media Task Force (SMTF)

Guidelines for the Use of Social Media by
Psychologists in Practice and by Psychology Regulatory Bodies
March 10, 2020

Table of Contents

Executive Summary

Social media use is increasingly commonplace in professional psychological practice. Appropriate use of this modality can enhance a practice and benefit the public in multiple ways, such as increasing access to qualified psychological practitioners, potentially reducing overall cost of service delivery, and providing another mode of service delivery for those who are reticent to attend in person. The potential also exists, however, for harm to occur when members of the profession are not aware of their ethical responsibilities in delivering services via social media. Regulators must be prepared to address concerns that arise from social media use by their licensees. Currently there is limited guidance available to psychology regulators about how to regulate the use of social media by their licensees. This white paper addresses the current state of the regulation of social media use by the profession, reviews current health professional social media standards, guidelines and regulations, and provides guidelines and recommendations for social media regulation by psychology regulators.

In the fall of 2017, the Board of Directors of the Association of State and Provincial Psychology Boards (ASPPB) approved the creation of the Social Media Task Force (SMTF) with the following charges:

1. Survey of the membership in regard to issues, needs and concerns related to social media and the use of it by psychologists.
2. Consideration of the literature on social media, in particular issues that need to be considered in developing guidelines and regulatory language.
3. Consideration of Codes of Ethics (APA/CPA), APA/CPA practice guidelines, practice guidelines developed by other health professions/organizations, and relevant legislation.
4. Creation of a background report identifying the literature, issues, concerns, needs and recommendations.
5. Creation of guidelines for jurisdictions in regard to the use of social media by psychologists.
6. Recommendations/consideration of regulatory language.

The SMFT members appointed initially were Kenneth Drude, PhD (OH); Jamie Hopkins, PhD (KY); Sara Ledgerwood, J.D. (MO); and Karen Messer-Engel, M.A., Registered Psychologist (SK), Chair. Linda Nishi-Strattner, PhD (OR) joined the SMTF in 2019 in place of Sarah Ledgerwood who had to step down. The Task Force was very ably staffed by Jacqueline Horn, PhD, ASPPB Director of Educational Affairs, Stacey Camp, ASPPB Member Relations Coordinator, and Emily Hensler, ASPPB PLUS Coordinator. The SMFT began its work in the summer of 2018.

A survey of Regulatory Boards and Colleges in Canada and the United States was conducted by the SMFT in July 2018 to determine the scope of concern for regulators, the specific areas of their concern, what would be helpful for them in addressing social media issues/ concerns, and to gather information about the use of social media by them in their own work. A 44% response rate was obtained (28/64 jurisdictions). Regulators indicated that they had been

receiving increasing numbers of queries and complaints that included social media use by licensees as an element of that communication (58% of respondents had received such queries/complaints). The areas of greatest concern identified were confidentiality, security, appropriate boundaries, and record keeping. The concerns identified pointed to the need for guidance for licensees about appropriate practices when using social media, as well as the need for guidelines that would assist regulators in educating their licensees and adjudicating complaints. The survey also noted that regulators have been slow to adopt social media in their own work. Information about social media options and guidance about possible pitfalls with social media use is needed.

There is a dearth of literature specific to the use of social media in psychological practice; however, other professions are ahead of psychology in addressing the issues that arise with the use of social media in professional practice. The SMFT examined the available literature, and many important lessons taken from the work carried out by other professions have been incorporated into these *Guidelines*. The ASPPB Code of Conduct and the Canadian and American Psychological Associations' ethical codes were also considered in the development of these *Guidelines*. It was apparent that, while there are some unique considerations for the use of social media in practice (e.g., competency in the use of the modality, appropriateness to the client), the ethical requirements for using this modality are generally no different than they are for face-to-face practice and connection with clients. This White Paper also explored personal social media use by licensees, an area not typically viewed as being within the jurisdiction of the regulator. The SMFT determined that it was important to address this issue since, in our view it becomes a regulatory issue when personal social media use intersects with a professional's practice (e.g., "friending" clients). With the increasing complexity and number of social media platforms available for communication, it is anticipated that there will increasingly be a blurring of boundaries between professional and personal use, and regulators will be called upon to address this.

Legislation specific to the regulation of social media use by the profession appears to be largely limited to the practice of telepsychology or telehealth and does not typically address all of the other possibilities of social media use. This White Paper does not provide recommended regulatory language; however, the SMTF recommends that ASPPB consider the development of model regulatory language that addresses the regulation of social media use that could be added to the model regulatory language for the practice of telepsychology.

In conclusion, this White Paper provides specific guidelines for the use of social media by psychologists in their professional practice as well as in their personal use of social media and offers guidance to regulators when disciplining psychologists because of inappropriate or unethical social media use. The *Guidelines* are aligned with the ASPPB Code of Conduct and the Canadian and American Psychological Associations' codes of ethics, and with best practices identified in the current literature. Member jurisdictions are encouraged to consider adoption of these *Guidelines* for their use in regulating the profession.

(See **Appendix A** for Glossary of Terms)

Jurisdictional Social Media Survey

In exploring the issue of social media use by psychologists and how to address its regulation, the SMTF conducted a jurisdictional survey of psychology regulators in Canada and the U.S. to identify regulator concerns about the uses of social media by licensees and to learn what would be of most assistance in helping them address such issues. A secondary purpose was to examine the current uses of social media by boards and colleges with the goal of providing useful information about how they might most effectively use social media in their regulatory efforts.

In July 2018 an online survey was sent to all ASPPB member jurisdictions. Responses were collected between July and August 2018. Responses were received from 28 (44%) of ASPPB's 64 member jurisdictions. Approximately 64% percent of Canadian regulatory jurisdictions (7/11) and 39% (21/54) percent of U.S. jurisdictions responded to the survey. Responses were received from a total of 38 individuals with some jurisdictions having more than one respondent. The respondents were diverse and included registrars/board administrators, licensed and public board members, enforcement representatives, administrative personnel, and legal counsel. Those who deal directly with regulation and enforcement (i.e., administrators, administrative personnel, legal counsel, and enforcement representatives) were well represented among the respondents (approximately 57% of the respondents).

The survey questions were as follows:

- Q1 What is your jurisdiction?

- Q2 What is your role in your Board / College?

- Q3 Does your Board / College use any of the following forms of media/telecommunication? Check all that apply.
    - Web Conferencing
    - Live Streaming of Meetings
    - Email
    - Twitter
    - Facebook
    - YouTube
    - Listserv
    - Website
    - Other (please specify)

- Q4 Does your Board / College have any concerns about licensee use of social media / telecommunication in any of the following practice areas? Check all that apply.

- Client Service Provision
- Research
- Supervision
- Education
- Advertising
- Other (please specify)

- Q5 Does your Board / College have any concerns about licensee use of social media / telecommunication in any of the following practice competency areas? Check all that apply.
  - Confidentiality
  - Consent
  - Security
  - Record Keeping
  - Boundaries
  - Professional Language
  - Other (please specify)

- Q6 Has your Board / College received any complaints or inquiries that involved licensee use of social media / telecommunication?
  - Yes (if yes please explain)
  - No

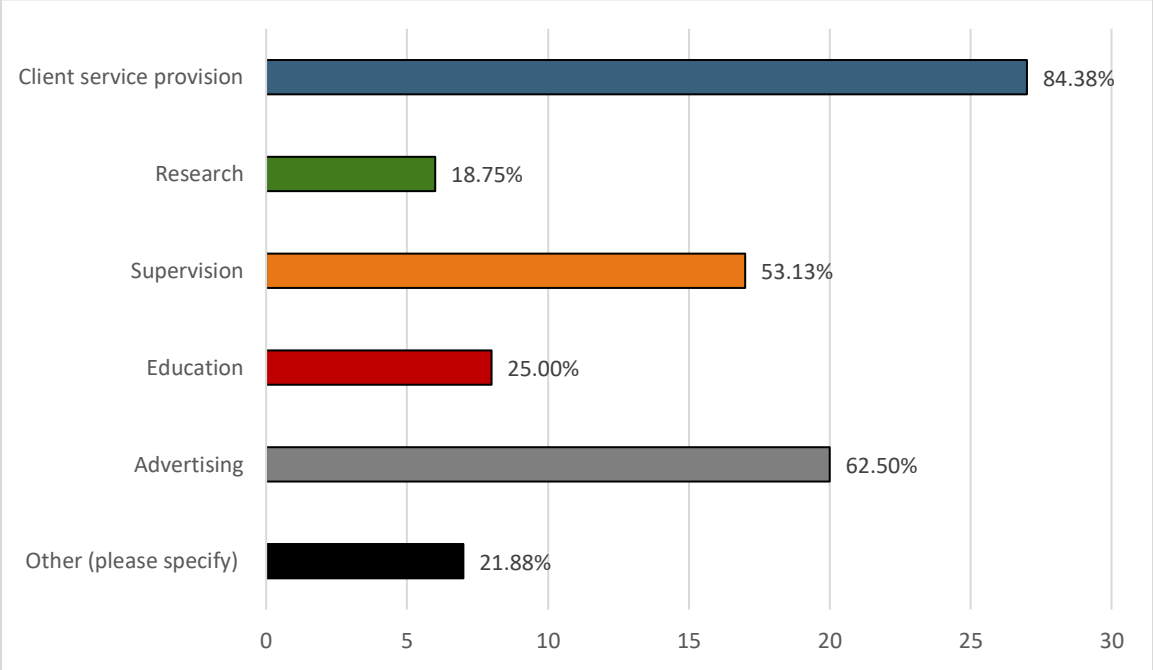
Regulator Concerns About Licensee Social Media Use:

Regulators were asked to identify their concerns about licensee social media use in the practice areas of client service provision, research, supervision, education, and advertising. If the concerns fell outside of these identified practice areas, they were asked to use the "other" category to respond. Overwhelmingly, the most frequently endorsed areas of concern were in the areas of the provision of services to clients (84%), advertising (63%) and supervision (53%) (See Table 1). The next most frequently endorsed practice area was education (25%). The endorsement of the "other" category was low (22%), but some interesting concerns were noted in this category: unprofessional behavior over social media, "communications with clients that may be shared by the client with others", personal social media postings, ethical behavior, and health privacy legislation.

While social media has existed since the 1980's, an upsurge in its use has been noted with each subsequent generation, and it appears to be used increasingly in psychological practice. Examples of the blurring of boundaries between licensee personal and professional use of social media are increasingly coming to light. Anecdotally, regulators have reported that complaints that include concerns about social media use by psychologists are becoming more

frequent; therefore, it is not unreasonable to expect that this will become an increasingly common issue that regulators will have to address.

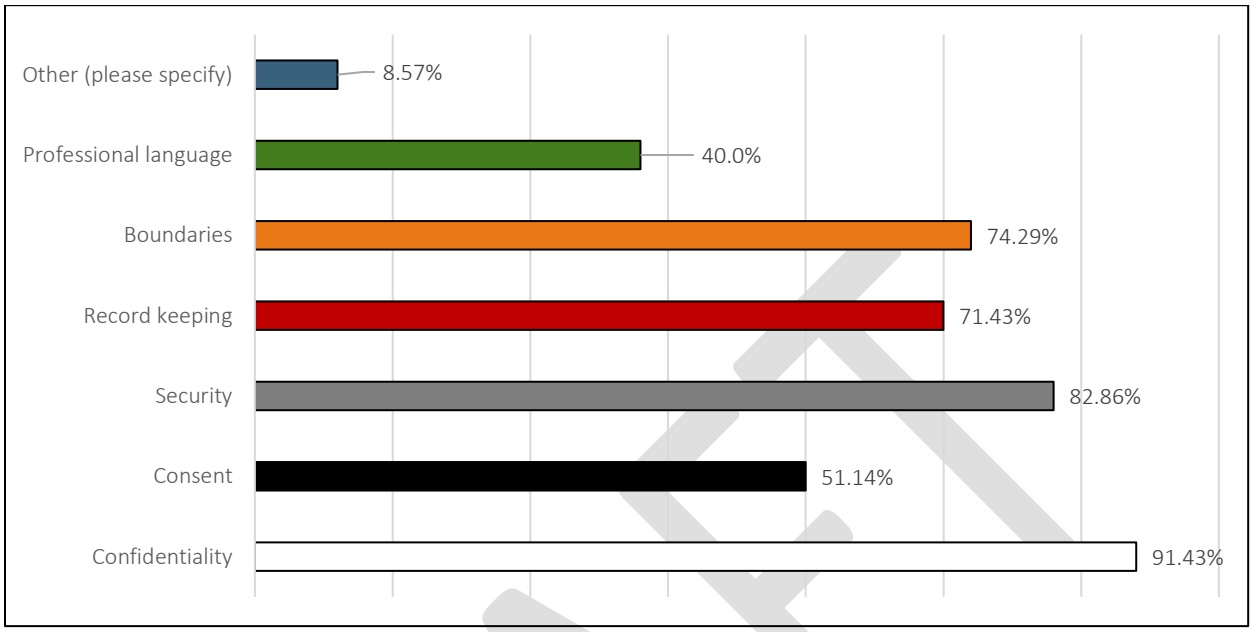
Table1: Regulator Concerns Re: Licensee Use of Social Media / Telecommunications Relative to the General Practice Areas (n=32)



Other (please specify)
Unprofessional behavior over social media
Publication of legal discipline decisions
Social Media communications with clients that may be shared by the client with other parties.
Personal social media postings – ethical behavior
None identified as significant concerns – we have guidelines
HIPPA
No. We consider this a form of practice, i.e., mode for which all our rules and regulations apply.

Respondents were asked to further sort their concerns about licensee use of social media according to practice competency areas. The forced choice responses were confidentiality, consent, security, record keeping, boundaries, professional language, and if none fit, "other" (See Table 2). The three most significant concerns were noted in the following key areas: confidentiality (91%), security (83%), and boundaries (74%). Record keeping was a close fourth (71%). Not surprisingly, these are areas that are commonly reported to the ASPPB Disciplinary Data System and are the issues for which licensees are often formally disciplined.

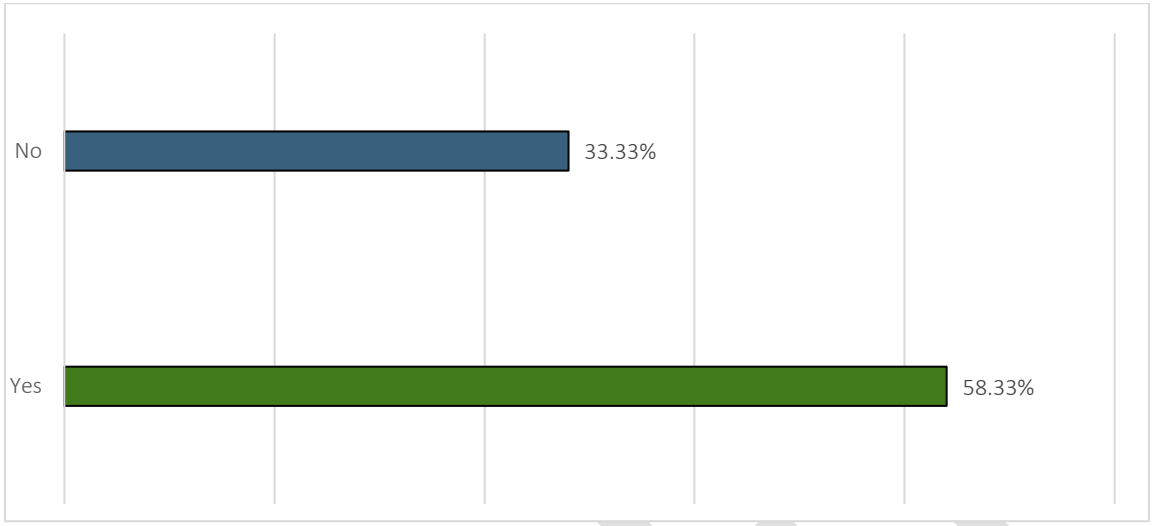
Table 2: Regulator Concerns Re: Licensee Use of Social Media / Telecommunications Relative to Specific Practice Competencies (n=35)



Other (please specify)
Privacy
None identified as significant concerns – we have guidelines
No. This is treated as a mode of practice and is handled as that if needed in complaint.

The survey explored whether regulators have received specific complaints or inquiries about social media use by licensees (See Table 3). Approximately 58% of respondents indicated that they have received complaints that included concerns about licensees' social media use. Concerns frequently pertained to boundary violations, advertising, and unprofessional language. It was unclear from the responses whether the behaviors occurred solely in relation to licensees' professional use of social media, or whether they also pertained to personal use of the modality. Regardless, what was apparent is that this is an issue for regulators, and that clear expectations for licensees with regard to their use of social media would be helpful for regulators to have in meeting their mandate of public protection.

Table 3: Complaints / Inquiries Involving the Use of Social Media / Telecommunication by Licensees Received by Regulators (n=35)

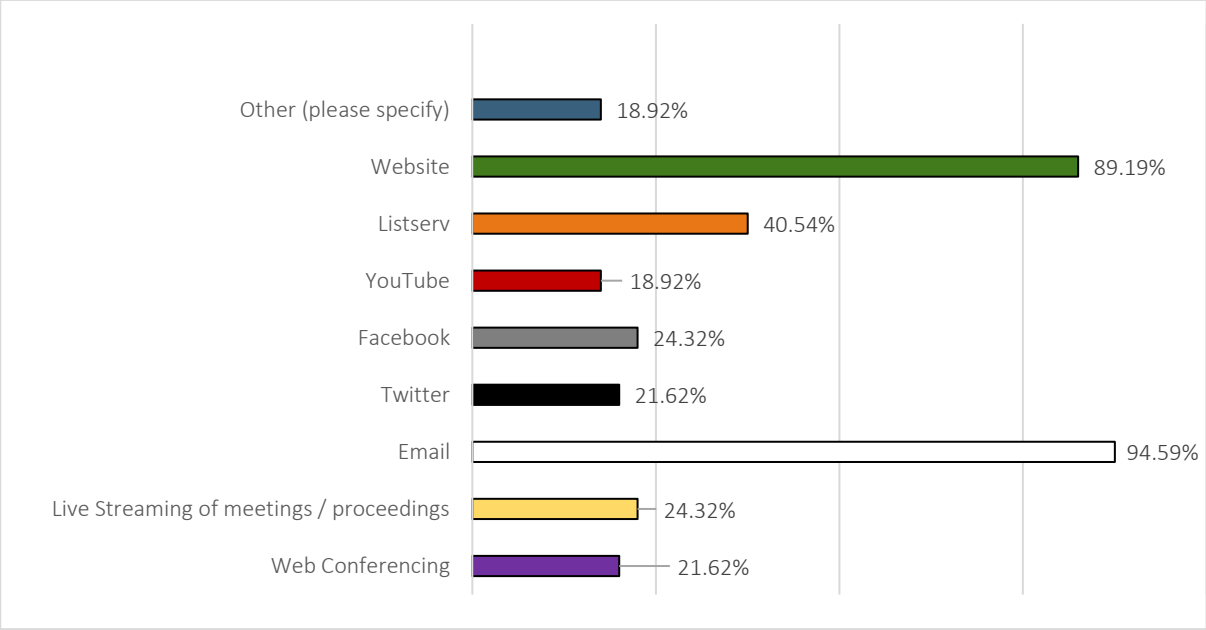


If yes, please explain.
Complaints and three actions recently for violating sexual/personal boundaries via texting. Rooted in loneliness and getting needs met.
Don't know
Typically advertising related or listing of unlicensed supervisees as being licensed.
Unofficial complaints from other members about some psychologists using Facebook for live presentations where "attendees" can ask questions in real-time, anyone on FB can observe both the questions and answers and the names of the attendees are easy to see
Advertising, communication that is unbecoming of the profession
Disrespectful language in YouTube, boundary issues with email, texts, Facebook
Blogging, advertising and use of testimonials
We've had several complaints regarding Facebook – mostly boundary problems. We've had some cases of sexual misconduct that were proven using text messages. Out board regulates several disciplines. I do not believe any of these cases have involved psychologists.
Not exclusively but there have been complaints about involving descriptions of services.
Licensee making extremely strange, deranged comments on Facebook resulted in calls about their competency and frame of mind.
Inquires. See our Practice Alerts: http://www.op.nysed.gov/prof/psych/psychalerts.htm
Advertising
The complaint involved a variety of allegations; some of the evidence provided was Facebook messages.
As part of a complaint, records of text messages were used as evidence of misconduct.

Regulator Social Media Use:

Survey data identified that regulators are primarily using email (95%) and websites (89%) to engage their constituents, with other forms of social media engagement being less common. The lack of utilization of other social media platforms to engage the profession, the public, and other stakeholders may be reflective of various factors: limited financial and human resources to implement and/or monitor the social media platforms, legislative barriers, and a possible lack of knowledge and understanding of how various social media platforms could support and enhance regulatory efforts. Data suggest that additional information about the options for social media engagement and any cautions for using social media would likely be useful to regulators.

Table 4: Regulator Use of Social Media / Telecommunications (n=37)



Other (please specify)
Dropbox
Considering text messaging
A secure web file repository
Google Hangout, UberConference
Teleconferencing
Public Television – Regents regulate Public Television
Video - conferencing between locations for meeting

Social Media Standards and Guidelines Literature Review

Psychologists, like other members of society, increasingly are using various forms of social media (e.g., Deen, Withers & Hellerstein, 2013; Harris, S. & Robinson Kurpius, 2014) such as email, texting, Facebook, Instagram, LinkedIn, YouTube, Twitter, and WhatsApp in their personal lives. This is especially true of younger psychologists; however, psychologists are also increasingly using social media to market their services and as a means of communicating with clients. Until recently, little guidance from the profession was available for members using social media in professional practice beyond "be careful". The important differences between using social media in personal contexts (e.g., with family and friends) and using it in professional contexts are not always obvious to psychologists. Understanding where personal social media use ends, and professional standards must apply, is not always clear. Increasingly, regulators are becoming aware of licensees using social media in their professional lives and at times in ways that are questionable or inappropriate (Drude, 2016). Inappropriate social media use has resulted in adverse licensing board disciplinary actions affecting not only the individual psychologist who is the subject of discipline by the regulator, but such use may also have a serious negative impact on how the public perceives the profession.

The ethical codes and telepsychology guidelines of the Canadian Psychological Association (CPA, 2017 and 2013) and the American Psychological Association (APA, 2017 and 2013), as well as the Association of Canadian Psychological Regulatory Organizations (ACPRO, 2011) and the Association of State and Provincial Psychology Boards' *Telepsychology Task Force Principles and Standards* (ASPPB, 2013) provide general ethical standards and guidelines that also apply to social media use. These guiding documents, however, do not address issues specific to professional uses of social media other than telepsychology. Consequently, this leaves the individual psychologist to interpret how to apply such guidelines when using social media in professional practice. Education and training in the uses of technology or telepsychology is typically not provided to psychology graduate students (Gluekauf, Maheu, Drude, Wells, Wang, Gustafson, & Nelson, 2018). Psychologists must, therefore, rely upon their own self-directed professional development efforts to obtain the necessary competencies for using telepsychology and social media in their practices.

Over the last decade, national professional health organizations and professional regulatory bodies have begun providing guidance to members of health professions about the use of social media in a manner that is compliant with professional ethical standards. The earliest telepsychology guidelines applicable to social media were developed and published in a draft form by the Canadian Psychological Association in 2006 (CPA, 2006) and by the Australian Psychological Society in 2011 (APS, 2011). The more recent American Psychological Association telepsychology guidelines (APA, 2013) provided a caution about risks when using social networking sites. The most comprehensive set of social media guidelines for psychologists are those published by the Oregon Board of Psychology in 2018 and revised in 2019 (OBP, 2019). Other health professions - physicians (AMA, 2010; OSMA, 2010; FSMB, 2012, CMA, 2011), nurses (NCSBN, 2011), counselors (ACA, 2014), and social workers (NASW, 2017) - have

incorporated guidance about the use of telecommunications (including social media) into their ethical standards as they have updated them, or have developed separate telepractice guidelines. In general, the published social media standards, guidelines, and recommended practices are attempts to provide clarity to members of professions about what are appropriate professional social media practices, to provide a list of "dos" and "don'ts", and to advise professionals to be thoughtful when using social media.

Appendix B summarizes social media standards and guidelines that have been published by various health professions, as well as several journal articles that include recommended social media practices. There are a number of common elements that are often found in these standards and guidelines. They include reference to major ethical issues such as informed consent, confidentiality, competence, security, risk management, documentation, competence, multiple relationships, and professional boundaries. Some documents identify the need for professionals to have a social media policy, and they provide guidance about what ought to be included in such a policy. Several documents include vignettes that illustrate professional social media practices as examples of how to apply ethical standards to social media. The importance of maintaining appropriate professional boundaries, as well as having an awareness of potential implications of all electronic communications that are either public or potentially public, are key issues that are repeatedly emphasized.

Legislation

Many psychology regulatory bodies have either statues or regulations that provide telepsychology/telemedicine/telehealth/telepractice guidance; however, very few jurisdictions address broader areas of social media use. **Appendices C** and **D** provide a list of the jurisdictions and links to websites, statutes and regulations, that provide rules for using "tele" means of service delivery in the practice of psychology. The guidelines included in the appendices address the broader use of technology in psychological service delivery, professional communication, and personal communication.

Ethics and Social Media

Social media usage has become commonplace in the work of many psychologists. This mode of communication affects how psychologists obtain information, interact as professionals, and ultimately how they present themselves as members of the profession. Social media is a powerful tool and resource for psychologists to use in their practice.

Psychologists have an implicit contract with society and with the public they serve. This contract identifies a duty and an obligation to protect, and to work in the best interests of, the public. Regardless of the modality of service delivery, information dissemination, or communication, psychologists are held to this contract and to a high standard of conduct and

ethics in their professional lives, and potentially in their personal lives also. This standard of behavior and ethics is typically higher than that for the average person, and this is one of the realities of being a member of a regulated profession.

The ***ASPPB Code of Conduct*** (hereafter identified as the ASPPB Code) (2018) was written specifically for psychology regulatory boards/colleges to use as a standard for evaluating the conduct of licensees or registrants. It was designed to be used in concert with the ethics codes promulgated by the Canadian and American Psychological Associations whenever clarification might be needed to help interpret the ASPPB Code. The ASBBP Code, the ***Canadian Code of Ethics for Psychologists*, 4th Edition** (2017) and the American Psychological Association's ***Ethical Principles and Code of Conduct*** (2017) (hereafter identified as the CPA Code and APA Code) do not explicitly address the issue of social media use by the profession; however, each Code identifies the expectations for how psychologists should conduct themselves as members of the profession and outlines the general standards for ethical practice. Accordingly, directions for the use of social media can be extrapolated from the general guidance in all three Codes.

ASPPB Code

The ASPPB Code is divided into major **Rules of Conduct** (Rules), each with its own separate areas of conduct within. The major Rules outlined in the ASPPB Code are:

A. Competence
B. Multiple Relationships
C. Impairment
D. Welfare of Client
E. Welfare of Supervisees, Research Participants and Students
F. Protecting Confidentiality of Clients

It is within each of the separate areas of conduct for each major Rule that guidance for the use of social media can be discerned. Again, the ASPPB Code of Conduct is to be used to assist psychology regulators in determining appropriate behaviors for their licensees and registrants. The CPA and APA Codes might further elaborate the process for how to determine appropriate actions for licensees or registrants.

CPA Code

The CPA Code is divided into four ethical principles that psychologists must consider when determining how to proceed in practice. These represent the values of the profession. Under each principle and its value statement, are ethical standards which are intended to illustrate the application of the principle. The principles are listed in descending order of significance, from most significant (Principle 1) to least significant (Principle 4). Where principles are in

conflict, psychologists are directed to give the most weight to the most significant principle. The four principles outlined in the CPA Code are:

> **Principle I: Respect for the Dignity of Persons and Peoples.** This principle, with its emphasis on inherent worth, non-discrimination, moral rights, distributive, social and natural justice, generally should be given the highest weight, except in circumstances in which there is a clear and imminent danger of bodily harm to someone.
>
> **Principle II: Responsible Caring.** Responsible caring requires competence, maximization of benefit and minimization of harm, and should be carried out only in ways that respect the dignity of persons and peoples.
>
> **Principle III: Integrity in Relationships.** Psychologists are expected to demonstrate the highest integrity in all of their relationships. However, in some circumstances, Principle III values (e.g., openness, straightforwardness) might need to be subordinated to the values contained in the Principles of Respect for the Dignity of Persons and Peoples, and Responsible Caring.
>
> **Principle IV: Responsibility to Society.** Although it is necessary and important to consider responsibility to society in every ethical decision, adherence to this principle needs to be subject to and guided by, Respect for the Dignity of Persons and Peoples, Responsible Caring, and Integrity in Relationships. When the welfare of an individual or group appears to conflict with benefits to society, it is often possible to find ways of working for the benefit of society that do not violate respect for dignity, responsible caring or integrity. If this is not possible, however, the dignity, well-being and best interests of persons and peoples, and integrity in relationships should not be sacrificed to a vision of the greater good of society. (CPA, 2017)

APA Code

The APA Code outlines five guiding principles that are intended to be aspirational in nature and to "guide and inspire psychologists toward the very highest ethical ideals of the profession" (p. 3). This Code makes a distinction between the aspirational nature of the guidelines and the obligations of the ethical standards. The APA Code is intended to apply only to the conduct and practice of psychologists in their professional lives and is not intended to apply to conduct in their personal lives. The principles in the APA Code are:

> **Principle A: Beneficence and Nonmaleficence**. The focus of this principle is on the responsibility of members of the profession to act to benefit those they serve and to strive to do no harm. This principle calls on psychologists to be aware of, and to avoid influences which may inappropriately impact the work they do (e.g., political, financial).

Principle B: Fidelity and Responsibility. This principle calls on psychologists to "establish trust with those with whom they work (p. 3)." It asks psychologists to uphold standards of conduct, to be clear with others in regard to their roles and responsibilities, and to take responsibility for their actions.

Principle C: Integrity. This principle asks psychologists to act with honesty and truthfulness, and to work to correct any missteps that they may make.

Principle D: Justice. The focus of this principle is the right of all people to "benefit from the contributions of psychology (p. 4)" and the right to "equal quality" in the service received. Psychologists are called to work only within the areas in which they have established competence, and to be cognizant of the impact that their own experiences may have on their work with others.

Principle E: Respect for People's Rights. This principle asks psychologists to "respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination (p. 4)." Psychologists are called on to protect the rights of others, especially the vulnerable, and to be aware of their own biases and to mitigate the effect of those biases in their work with others. (APA 2017)

As with any technique or approach, psychologists who use social media have a responsibility to act ethically, to ensure professional competence, to protect the publics they serve, and to uphold the values of the profession.

In their professional work, when using social media psychologists must recognize that the potential for harm or abuse of vulnerable people may be increased because of the lack of an in-person relationship, and they must take steps to safeguard against harm when fewer cues are available for accurate perception. They must utilize social media in a responsible way that incorporates approaches that are relevant to the needs of their clients; they must recognize the need for proficiency in the technological skills required for competent and ethical practice when using social media; and they should seek consultation to stay current with emerging technologies. They also must recognize that any conduct via social media should follow the ASPPB Code and/or the APA or CPA ethical guidelines as well as, any local statutes pertaining to the practice of psychology.

The ASPPB Code and the APA and CPA Codes state that psychologists are responsible for their actions and decisions. While the intent of each Code is not to direct behavior outside of one's professional role as a psychologist, psychology regulation could cover behaviors that occur in a psychologist's personal life but that are harmful to the public. It is important to distinguish between the expectations and mandates of a professional guild (e.g., APA, CPA) versus the

expectations and mandates of a psychology regulatory body, in part because there are sometimes conflicting directions provided by each. A psychologist's personal behavior may be of concern and may warrant intervention by a regulatory body if such behavior undermines the reputation of the profession, undermines the trust the public has in the profession, or results in questions being raised with regard to someone's abilities to perform in the role of psychologist.

Jurisdictions may have guidelines, standards or formal positions that are used to help regulate social media practices of psychologists. Guidance within the *ASPPB Code of Conduct* and the APA and CPA Ethics Codes helps psychologists to be cognizant of the following issues (See **Appendix E** - Codes Relevant to Social Media Use):

I. Confidentiality

Psychologists are required to maintain confidentiality in all communications that contain private or protected information. This includes any information about an individual or individuals that is written, spoken, or in electronic form, and all communications over social media. Psychologists need to be mindful of the public nature of social media, and that privacy and confidentiality are often not protected, nor should they be expected to be protected on social media.

II. Informed Consent

Psychologists are required to seek informed consent in their professional work.

III. Risk Management

Psychologists must manage and reduce risk whenever feasible with regard to social media use.

IV. Multiple Relationships

Psychologists endeavor to avoid multiple relationships when using social media. They clarify the nature of multiple relationships when these relationships are unavoidable.

V. Competence

When psychologists use social media technologies, they must be competent in both the technologies employed and the methods by which they are used.

VI. Professional Conduct

Psychologists are responsible for their behavior when they use social media.

VII. Security of Information

Psychologists have a primary obligation to take reasonable precautions to secure confidential information obtained through or stored in any medium, including all communications over social media.

The current *Guidelines* were developed to assist psychologists and psychology trainees in their use of social media. These guidelines were also developed for psychology regulatory bodies in their efforts to ensure that their publics are being well-served.

Personal Use of Social Media

Social media is becoming increasingly complex in its application and management. Even if one decides to stop using social media, an online presence may continue in the absence of their active participation and may continue to exist on other platforms. It is important for psychologists to consider both their professional and their personal social media presence and to actively manage these. Social media policies in the workplace and within professional organizations typically address only organizational or workplace posts and presences. Personal online presence requires regular review and cultivation to ensure that it accurately and appropriately represents the person and does not create unnecessary risk for either their personal or professional life.

The dearth of literature on the impact that a psychologist's personal social media use can have on their professional life suggests that this is not a common area of consideration for professionals. Younger professionals who have grown up with social media accounts may be confident that they have a full understanding of the intricacies and risks. Accordingly, they may not fully appreciate the potential risks to their professional lives that are posed by their personal online presence. Professionals who are not as well versed about social media and the latest online platforms may not be keeping their various accounts separate. Even those not using social media accounts may have a social media presence by virtue of their connections with others, e.g., they are "tagged" in photographs. Most professionals likely fall somewhere between the two extremes: comfortable with some platforms and not with others, keeping different aspects of themselves on different platforms, and somewhat wary of what and where they post.

Organizations typically are concerned about employee social media use that may lead to negative press. Posting about one's work life on either a personal or a professional social media site, even if it is an indirect or vague comment, can negatively impact one's employment. Conversely, some workplaces encourage their employees to interact with their "brand" online and to "talk it up" positively to their own networks. This blurring of personal and professional sites (boundaries) can be problematic and result in unintended consequences, such as being held accountable for a comment made on a personal site because that person is also a member of the profession.

Psychologists must consider the likelihood that when they have both a personal and professional online presence, there may be some cross-pollination between their professional and personal online posts and contacts. The likelihood of this intersection between the professional and personal increases when work groups are large (e.g., hospitals or universities), or particularly close-knit (e.g., group practices, small cities or rural areas). When one posts

online, it is essential to consider that the message sent may not only be accessed by the intended audience but may be shared or accessed by others who were not the intended recipients.

ASPPB Social Media Guidelines

These social media *Guidelines* were developed to assist psychologists in their use of social media and for use by psychology regulatory bodies in their efforts to ensure that their publics are being well-served.

Confidentiality:

- Psychologists who use social networking sites need to be familiar with, and utilize all available privacy settings to reduce risks to confidentiality.
- Psychologists must be respectful of client privacy. In general, psychologists are discouraged from searching social media sites for client information without the client's permission and their informed consent.
- In general, psychologists are required to maintain the confidentiality of client protected information. There may be justifiable exceptions to the rule of confidentiality.
- Psychologists develop social media use policies that address such issues as informed consent, privacy, and how and if social media will be used in their work.

Informed Consent:

- Psychologists must ensure the competence of potential clients to provide informed consent.
- When engaging those unable to provide consent, psychologists must seek informed consent from those legally entitled to provide consent.
- Elements of informed consent include explanations of:
  - the possible benefits and risks in using social media to communicate.
  - emergency procedures that will be followed when the psychologist is not available.
  - a back-up plan if communication over social media is compromised or fails.
  - the risk of loss of security and confidentiality with the use of social media.
  - other modes of communication that were discussed and that the client agrees to use social media.

(See **Appendix F** – Example of Informed Consent Disclaimer)

Risk Management:

- Psychologists are advised to have a social media policy (See **Appendix G** – Sample of Social Media Policy) that explains whether, to what degree, and how they will use

social media in their provision of services. This policy is clarified in consent forms and in discussions with clients.

- Psychologists clarify on their social media sites the jurisdiction(s) where they are licensed to practice, so that it is clear that the intent is not to practice outside of the license scope.
- Psychologists avoid conflicts of interest regarding personal, financial, social, organizational, or political opinions when they use social media in a professional capacity.
- Psychologists manage access to their professional social media and are responsible for those who may access the accounts.
- Psychologists use trusted and secure networks to access professional social media accounts.
- Psychologists use encryption when sending protected and private information over social media when feasible.
- Psychologists understand the privacy settings on every application that is used by them in their practice.
- Psychologists are mindful that any social media post or communication may be forwarded to other recipients.

Multiple Relationships:

- Psychologists are responsible for connections they initiate through social media and for knowing whether or not these connections constitute multiple relationships. If the connection might constitute a multiple relationship, the psychologist considers whether the relationship could be potentially harmful.
- Psychologists minimize the risk of problematic multiple relationships by keeping their personal and professional social media presences separate.

Competence:

- Psychologists familiarize themselves with ethical and legal requirements regarding the use of social media.
- Psychologists maintain current knowledge and skills pertaining to the social media technologies they are using.
- Psychologists evaluate the appropriateness of using specific social media with each client.
- Psychologists ensure that anyone working for them within their practice, and who use social media as part of their work, have adequate training in the appropriate use of social media.

- Psychologists ensure that they have a full understanding of the risks the use of technology presents to the security and confidentiality of client personal health information.

Professional Conduct:

- When using social media, psychologists are aware of the impact their communications may have on the public's confidence in the profession.
- Psychologists are responsive and timely in their responses when using social media in their professional work.
- Psychologists are respectful in what they communicate and in how they communicate when using social media in their professional work.
- Psychologists are respectful of professional boundaries, culture, and preferences when using social media.
- Psychologists accurately represent themselves in all social media communications.
- Psychologists seek to correct any misinformation regarding their social media presence.
- Psychologists accurately represent and document the work performed via social media, and maintain records of their professional social media communications, including maintaining all emails and texts with clients.

Security of Information:

- Psychologists delegate responsibilities for social media activities only to individuals who can be expected to perform them competently on the basis of their education, training, or experience.
- Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control relating to their professional social media use.
- Psychologists use security measures to protect information kept on social media that is vulnerable to loss, damage, or to inappropriate access.
- Psychologists maintain up-to-date knowledge of all individuals, devices, and accounts used in their professional social media practice.

Personal Use of Social Media:

- Psychologists ensure they have a working knowledge of privacy settings available on any social media platforms used.
- Psychologists are cautious about making posts to public comment sites, especially those related to their worksite / employer.
- Psychologists maintain their personal online presence distinct from their professional online presence.

- Psychologists maintain clear boundaries between their professional and personal social media accounts.
- Psychologists are aware of any existing social media policies within their organization or practice group (e.g., rules about promoting the organization or practice group via social media).

(See **Appendix H** – Social Media Vignettes)

Regulator Use of Social Media:

- Psychology regulatory boards/colleges develop and implement clear policies regarding social media and its use in regulatory work.
- Regulatory bodies ensure that all employees are familiar with the social media policies and expectations with regard to access and use of social media platforms.
- Regulatory bodies ensure that all employees are trained in the various social media platforms that are used by the board or college.
- Regulatory bodies ensure that all employees have a working knowledge of the privacy settings on the social media platforms used.
- Regulatory bodies manage access to any of their social media accounts.
- Regulatory bodies use trusted and secure networks to access agency social media accounts.
- Regulatory bodies understand the privacy settings on any social media applications used in performing regulatory functions.
- Regulatory bodies use security measures to protect information kept on social media platforms that is vulnerable to loss, damage, or to inappropriate access.

Recommendations:

The SMTF respectfully makes the following recommendations:

1) That ASPPB member jurisdictions consider the adoption of these *Guidelines* for use in providing direction to their licensees about competent practice via technology.
2) That member jurisdictions consider the adoption of these *Guidelines* for use in the adjudication of complaint cases.
3) That the ASPPB Board of Directors consider the development of model regulatory language regarding the regulation of telepsychology that includes the use of social media in practice.

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APPENDIX A – Glossary of Terms

Competent – being qualified to practice in terms of possessing the necessary skills, knowledge and attitudes of the profession, and consistently applying these to practice. In practice via social media, psychologists also must ensure competency in the delivery of services using this modality.

Confidentiality– ensuring the security of client personal information, including personal health information, and to only share such information with informed consent. Within a social media context, it is necessary to ensure that information is properly secured through encryption, privacy settings, and the use of secure storage sites.

Email – electronic or digital mail sent via the Internet.

Facebook – a popular social networking website that allows registered users to create profiles, to upload photos and video, and to send and to receive messages from other users.

Friending - the act of connecting one account to another's account in an online social or professional network (especially on Facebook).

Following – the act of connecting to an account or topic within a social media platform, such as Twitter, Instagram, and sometimes Facebook.

Informed Consent - a process in which a psychologist educates a client about the risks, benefits, and alternatives of a given procedure or intervention, and seeks their explicit agreement before proceeding. Within the context of service delivery via technology the risks and benefits of using the technology, and alternative for service delivery would be important in obtaining informed consent.

Instagram – an online photo-sharing application and social network platform.

Internet Presence – the existence of personal, professional, or organizational information that is web-based and searchable.
LinkedIn – a professional and business oriented social networking site.

Listserv – a form of email communication used by registered subscribers to send messages though a designated server to other registered subscribers.

Livestream – live video broadcasting or streaming via the Internet using videoconferencing software.

Online Consultation - asking for or providing an opinion on one or more specific topics to someone via the internet.

Online Therapy – any type of therapeutic intervention delivered via the Internet.

Personal Use of Social Media - Use of social media by an individual for the purpose of connection with other individuals such as family, friends, work colleagues, or people with mutual interests.

Privacy - clients have a right to control access to their personal information, and to be free from intrusion or interference. Within a social media context this means that psychologists recognize that it is important to respect that right and to not try to find out information about clients through social media.

Professional Use of Social Media – the use of social media in a professional role.

Snapchat - a social media site that allows subscribers to send to other subscribers, messages, videos, and pictures that later disappear (if they are not saved).

Social Media - social media is an umbrella term that includes the various activities that integrate technology and social interaction such as texting, email, instant messaging, websites, microblogging (e.g., Twitter), and all forms of social networking.

Social Media Presence - existence of a personal, professional, and/ or organizational account on any social media platform(s).

Social Networking – communication with others with common interests via web-based or electronic social media.

Technological Competence – an understanding of social networking and social media, and the technology that supports these. Competence in communicating via technology including appropriate language, etiquette, and the actual use of the technology.

Testimonials - written or verbal statements attesting to the qualifications or value of someone or a service.

Text Messaging - the exchange of brief written messages between electronic devices.

TikTok – a social media platform for creating, sharing and discovering short music videos.

Twitter - a social networking microblogging service that allows registered members to post brief text messages called “tweets”.

Video Conferencing - meeting or conferencing among people in multiple locations using video and audio telecommunications.

Web Conferencing – see videoconferencing.

Website – a collection of related networks of web resources, such as webpages multimedia content, which are typically identified with a common domain name and published on at least one webserver (e.g., Wikipedia).

WhatsApp - a messaging service that lets subscribers cite, text, chat, and share media, including voice messages and videos.

YouTube - a popular video sharing website where registered users can upload and share videos with anyone able to access the site.

943 **APENDIX B – Literature Re: Social Media Guidelines and Standards**

944

Profession	Source	Recommendations	Comments
Counselling and Psychotherapy	**Canadian Counselling and Psychotherapy Association. (2019). Guidelines for uses of Technology in Counselling and Psychotherapy**	Provided guidelines in regard to the best use of technology in counselling and psychotherapy practice. Intended to enhance practice and minimize risk for practitioners. Technology and social media are inevitable elements of practice.	
Nursing	**National Council of State Boards of Nursing (NCSBN).** (2011). White Paper: A Nurses Guide to the Use of Social Media, http://www.ncsbn.org/11_NCSBN_NURSES_Guide_Social_Media.pdf	The following guidelines are intended to minimize the risks of using social media: „„* First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times. *Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient. *Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so. *Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy. *Do not refer to patients in a disparaging manner, even if the patient is not identified. *Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment	Focus on inappropriate uses of social media outside of the workplace. Issues: privacy and confidentiality. Several example scenarios with questionable SM use are included.

		or other legitimate purposes using employer-provided devices. *Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient. *Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings. *Promptly report any identified breach of confidentiality or privacy. *Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place. *Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments. *Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.	
Physicians	**Federation of State Medical Boards.** (2012). Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice. Retrieved at http://www.fsmb.org/siteassets/advocacy/policie	The following Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice are presented: * Interacting with Patients - "Physicians are discouraged from interacting with current or past patients on personal social networking sites such as Facebook." * Discussion of Medicine Online - "it is the responsibility of the physician to ensure, to the best of his or her ability, that professional networks for physicians are secure and that only verified and registered users have access to the information. These websites should be password protected so that non-physicians do not gain access and view discussions as implying medical advice, which may be counter to the physicians' intent in such discussions.	"Such electronic and digital media include, but are not limited to, e-mail, texting, blogs and social networks. The Committee's proposed model guidelines contained in this report also focus on ways that physicians can

	s/model-guidelines-for-the-appropriate-use-of-social-media-and-social-networking.pdf	Physicians should also confirm that any medical information from an online discussion that they plan to incorporate into their medical practice is corroborated and supported by current medical research * Privacy/Confidentiality - "...patient privacy and confidentiality must be protected at all times, especially on social media and social networking websites." * Disclosure - when writing online as a healthcare professional, "physicians must reveal any existing conflicts of interest and they should be honest about their credentials as a physician." * Posting Content - "Physicians should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity." * Professionalism - Use separate personal and professional social networking sites. For example, use a personal rather than professional e-mail address for logging on to social networking websites for personal use. Others who view a professional e-mail attached to an online profile may misinterpret the physician's actions as representing the medical profession or a particular institution. · Report any unprofessional behavior that is witnessed to supervisory and/or regulatory authorities. · Always adhere to the same principles of professionalism online as they would offline. · Cyber-bullying by a physician towards any individual is inappropriate and unprofessional. · Refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.	protect the privacy and confidentiality of their patients as well a maintain a standard of professionalism in all social media and social networking interactions." Report gives numerous brief examples of questionable SM behavior
Physicians	**Ohio State Medical Association. (2010).** Social Networking and the Medical Practice: Guidelines for Physicians, Office	General Social Media Guidelines for Employers ● Be mindful of the laws and regulations that apply to everyday work, as a physician, an employer or an administrative assistant and create office policies accordingly. The laws that apply in person will apply within any social media. ●Be careful about who may access your social networking	Sample policies are included. Access to this document is no longer available at the OSMA website.

	Staff and Patients. Journal of the Ohio State Medical Association, 103(10), 517-526.	●Establish guidelines that address privacy expectations.- electronic communications using work computers or systems may be checked by employers ●If you have strict policies on Internet behavior, be explicit and plan to enforce them. ●Make sure all employees understand the risks of deceptive endorsements. ●Have a social media policy and follow Social Media Policy Recommendations 1. Have an explicit policy in an employment manual that addresses the following concepts: a) Accountability and Accuracy. Posts should be factual. Employees should be responsible for their postings and should distinguish between their own opinions and that of the employer's. b) Honesty and Transparency. Identify yourself. Advise employees that any statement must reflect good standards of conduct, judgment, and common sense. If an employee posts a statement that is related to the company or the company's product or service, the employee should disclose their identity and affiliation. c) Respect Advise employees not to post any derogatory, defamatory, or inflammatory content about others for any reason. d) Lawfulness. Train employees so they understand the basic legal and professional framework that governs the e) Management. Notify employees that the company will monitor a broad scope of media, including email and web usage. Conduct in violation of the social media policy is subject to discipline, up to and including termination of employment, and may give rise to legal liability company's policies. 2. Monitor Internet Behavior that is conducted on behalf of the company and have disciplinary actions in place for misuse.	

		3. Be Collaborative. Include employers and employees in formulating a written policy. 4. Contact your liability insurance representative. First, if it is a practice-hosted site, check and see if your malpractice insurance covers social media. 4. Add Value. Provide worthwhile information and perspective.	
Physicians	**American Medical Association (AMA).** (2010). Professionalism in the Use of Social Media. Retrieved at https://www.ama-assn.org/delivering-care/ethics/professionalism-use-social-media	(a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online. (b) When using social media for educational purposes or to exchange information professionally with other physicians, follow ethics guidance regarding confidentiality, privacy and informed consent. (c) When using the internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the internet, content is likely there permanently. Thus, physicians should routinely monitor their own internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate. (d) If they interact with patients on the internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethics guidance just as they would in any other context. (e) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online. (f) When physicians see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so	

		that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities. (g) Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students) and can undermine public trust in the medical profession.	
Physicians	**Canadian Medical Association.** (2011). Social media and Canadian physicians: Issues and rules of engagement. Retrieved at http://policybase.cma.ca/dbtw-wpd/Policypdf/PD12-03.pdf	Rules of engagement • Understand the technology and your audience • Be transparent • Respect others • Focus on areas of expertise	
Psychologists	**American Psychological Association.** (2013). Guidelines for the Practice of Telepsychology. Retrieved at https://www.apa.org/pubs/journals/features/amp-a0035001.pdf	**Guideline 4 - Confidentiality of Data and Information** "Some of the potential risks to confidentiality include considerations related to uses of search engines and participation in social networking sites." "…boundary issues that may arise as a result of a psychologist's use of search engines and participation on social networking sites." "Psychologists who use social networking sites for both professional and personal purposes are encouraged to review and educate themselves about the potential risks to privacy and confidentiality and to consider utilizing all available privacy settings to reduce these risks."	This is the only reference to social media in the guidelines.
Psychologists	**Association of Canadian Psychology Regulatory Organizations.** (2011). Model	"Regardless of the modality used for service delivery, psychologists are expected to practice according to the Canadian Code of Ethics for Psychologists (3rd Ed.) or the code de déontologie (Québec), standards for practice within their home jurisdiction, and according to local laws and regulations."	Nothing specific regarding social media is included.

	Standards for Telepsychology Service Delivery. Retrieved at http://www.acpro-aocrp.ca/documents/ACPRO%20Model%20Standards%20for%20Telepsychology%20Service%20Delivery.pdf		
Psychologists	**Canadian Psychological Association.** (2006). DRAFT ETHICAL GUIDELINES FOR PSYCHOLOGISTS PROVIDING PSYCHOLOGICAL SERVICES VIA ELECTRONIC MEDIA. Retrieved at https://cpa.ca/docs/File/Ethics/Draft_Guidelines_EServices_31Oct2013.pdf	**Principle II: Responsible Caring** II.5 The client's record includes hard copies of all online communications of a material nature and notes regarding contacts of a material nature using other electronic media. (Maximize Benefit) II.8 Psychologists make adequate plans for accessing and responding to messages left by clients in electronic form during times of psychologists' unavailability, illness, or incapacity. (Maximize Benefit, Minimize Harm)	These draft telepsychology ethical guidelines were approved in principle by the CPA Board in June 2006, and posted on the CPA website but never officially adopted.
Psychologists	**Australian Psychological Society.** (2011). Guidelines for providing psychological services and products using the internet and telecommunications technologies. https://web.archive.org/web/*/ht	**2. Informed consent** 2.4. Where applicable, psychologists clarify with their clients the anticipated extent of SMS or email use, and the operating hours during which a client can expect a response from a text message, for example, "business hours Monday–Friday". SMS and emails are often sent by psychologists as a reminder of a client's imminent appointment. **4. Communication of client information**	The Australian Psychological Society has published since 1999 a series of updated set of telepsychology guidelines. Access currently is limited to APS members but can be accessed via the Internet Archive

	tps://aaswsocialmedia.wikispaces.com/file/view/EG-Internet.pdf	4.1. Internet, email, SMS and other telecommunications from clients are not forwarded by psychologists to others without the consent of the client. Psychologists are particularly aware of „strings of messages" contained within communications. 4.2. Clients are encouraged to use the auto-reply function or similar mechanism, which includes the psychologist's previous message, to confirm that clients have received the psychologist's email. 4.3. Psychologists are aware that clients using the internet, telephone or other tele-communications technology may do so anonymously. An anonymous client may disclose information that may be misleading or false. Psychologists clarify as far as possible the source and nature of the information presented. 4.4. To maintain professional boundaries with their clients, psychologists use professional language when sending text messages to clients. Psychologists are aware that use of informal and unprofessional language when communicating by text with a client blurs the professional relationship and can create a more personal relationship or the impression of one. **6. Client use of internet and other telecommunication technologies** 6.1. It is possible that clients may forward to others, messages from their psychologist that have been tailored to clients" own particular situations. The possible misuse of psychologists" communications can be restricted, but not prevented, by forming a two-way agreement with clients before engaging them in a psychological service that the clients will not forward messages without the consent of the provider of the psychological service. Psychologists address this issue at the commencement of any online interaction with a client, by reminding clients that the email communication is specific to the client	Wayback Machine site using the URL cited in the Profession column

		8. Record keeping 8.1. Psychologists keep records of email, online, text messaging, telephone and other work using internet and telecommunication technologies as they do for face-to-face psychological work. **10. Managing professional boundaries when using the internet and telecommunication technologies** 10.1. Psychologists are aware of the potential for boundary issues with clients to emerge related to the internet and telecommunication technologies. For example, when using internet and telecommunication technologies to provide psychological services to clients, psychologists use professional language to maintain appropriate boundaries, and convey to clients the anticipated extent of SMS or email use, and the operating hours during which a client can expect a response from a text message, for example, "business hours Monday–Friday". Where possible, psychologists monitor the personal information about them available on the internet and take steps to remove inappropriate content. 10.2. Psychologists are aware that whatever personal information they post on personal social networking sites and as part of online communities may be more broadly accessible and could even be in the public domain. Even with privacy settings there are ways that information can be accessed. Psychologists protect their own privacy as adequately as possible. If a client requests to be a 'friend' of a psychologist, the psychologist reinforces the need to keep a boundary between the professional and personal. 10.3. Psychologists may seek to gain further information about a client from an internet search. These searches to access information are conducted in the best interests of the client, not to satisfy the curiosity of the psychologist. Such searches may also be conducted when other people are considered at risk.	

		10.4. Psychologists who engage in online blogging are aware that they are revealing personal information about themselves and are aware that clients may read the material. Psychologists consider the effect of a client's knowledge of their blog information on the professional relationship,	
Psychologists	**Oregon Board of Psychology.** (June 2, 2019 version). Social Media Guidelines.	**Confidentiality** Psychologists have a primary obligation to maintain confidentiality in all communications that contain protected health information. This includes any information about an individual in written form, that is spoken, and all electronic forms, which include all communications over social media. 1. In accordance with the recommendations set forth in the APA Guidelines for the practice of Telepsychology (2013), psychologists who use social networking sites for both professional and personal purposes should be familiar with and should utilize all available privacy settings to reduce the risks to confidentiality. 2. Psychologist should not search social media sites for client's information without their permission and informed consent. APA Ethical principles state that psychologists obtain the client's informed consent, provide an appropriate explanation, or seek the client's assent hen providing assessment, therapy counseling, or consulting services. 3. Psychologists maintain confidentiality of their clients' protected health information whenever they use social media. 4. Psychologists exercise caution when communicating client information such as names, identifying information, clinical information, or diagnoses over social media. 5. Psychologists use social media with an eye to protecting the reputation of the profession and the public conceptualization of psychologists. Principle B: Fidelity and Responsibility of the APA	This comprehensive set of ethical guidelines includes a sample informed consent form and social media policy. The document lists the APA Ethics Code standards and their application to social media. The content listed in this table is only a short summary of the document and a more detailed review of the full document is advised. A list of Social Media "Do's and Don'ts" is included at the end of the document that are relevant to social media and technology uses.

		Ethical Principles directs psychologists to uphold professional standards of conduct. Psychologists maintain an awareness that any of their social media activities may reflect upon themselves as professionals and upon the field of psychology as a whole. **Informed Consent** Psychologists obtain informed consent whenever they use social media with clients. APA Ethical Principles direct psychologists to obtain informed consent from clients, and to appropriately document this consent, permission and assent (APA Ethical Principles 3.10 Informed Consent). In addition, the Canadian Code of Ethics for Psychologists also directs psychologists to respect the dignity of persons and peoples in all communications. At a minimum, informed consent should contain the following elements: 1. An explanation of the possible benefits and risks in using social media to communicate with a psychologist, 2. An explanation of emergency procedures and explanation of how communication over social may be disrupted or fail due to circumstances beyond the psychologist's control. 3. A back-up plan if communication over social media is compromised or fails. 4. An explanation of the increased risks of loss of security and confidentiality with the use of social media and/or with the use of social media over mobile devices. 5. A proposal of an alternative means of communication, should the client decline the offer to use social media. 6. An offer of alternatives to social media usage. **Risk Management** There are several actions that psychologists should avoid	

		via social media that is accessible by their patients, including posting full-text versions of published works, potentially libelous accusations, information on business practices that could violate anti-trust laws, advertising, political endorsements, requests for research participation, confidential information or dual relationships. Additionally, there are several actions that psychologists can take to use social media in an ethically and legally responsible manner: 1. Have a social media policy in which you explain whether, to what degree, and how the psychologist will interact and use social media with patients. Clarify this policy in consent forms and via discussions with patients. This includes clarifying what to do if you pop up in the "people you may know" tab or how you handle friend requests. 2. Clarify on social media sites the jurisdiction in which they are licensed to practice, so they are not viewed as intending to practice outside the scope of their licenses. 3. Carefully consider what you post on social media and who has access to this information so as not to influence patients with personal, financial, social, organizational, or political opinions. 4. Use privacy settings that limit levels of interaction. Caution family members about the possibility of social media requests from unknown people. 5. If you share devices, ensure that family members cannot access your device. It is highly recommended that psychologists have exclusive access to social media so others (including family members) cannot access it. 6. Use only trusted and secure WiFi networks (don't use Starbucks or airport WiFi to access work websites).	

		7. Use encrypted email. 8. Discuss the turnaround times of various methods of communication. 9. Let patients know they can turn off location tracking during appointments. 10. Understand the privacy settings on every application that you use as some applications are social media whether or not you know it. **Dual Relationships** Psychologist must avoid multiple relationships when feasible, and they must clarify the nature of multiple relationships to all concerned parties when these relationships are unavoidable. 1. Psychologists are responsible for all connections they make through social media, and to know whether or not these connections establish a dual relationship. Examples of connections types: • A permission-based connection. • A non-permission-based connection. • Systemic relationships built into the social media that propose connections based on shared interests or existing connections indicated by participants. • Access to contact lists available on devices used to log in to social network. 2. Psychologists should familiarize themselves with both the privacy policy and settings of any form of social media they use. 3. Psychologists are responsible for any comments or posts they make on any form of social media they maintain, and the risk any of these comments	

		may have in violation of any aspect of the Ethics Code of the American Psychological Association. The old adage, “when in doubt, leave it out” may be a good motto to apply when it comes to any information that might lead to identification of a patient or alter patients’ sense of safety and trust in our professional standing. **Competence** When psychologists use social media technologies as an adjunct to their clinical practice, they need to be competent in both the technologies employed and the methods by which they are used. This would include awareness of potential clinical, technical and administrative issues associated with their use and reasonable steps taken to competently use technologies while mitigating risk. By not taking care to address competency issues, Psychologists may be assuming liabilities and risking ethical violations. 1. Psychologists should use social media in ways aligned with upholding the reputation of the profession, consistent with APA ethics and guidelines. 2. Data should be encrypted, passwords should be strong and platforms should be protected from unauthorized digital access. Third-Party Services should be properly vetted to ensure HIPAA compatibility. 3. Social media policies should be adequately detailed and discussed through informed consent. 4. Psychologists need to obtain training which will help them to maintain competence in this ever-changing arena	

		Professional Conduct 1. Keep tweets to matters like psychoeducation, health news, or the work of your colleagues; avoid even "de-identified" references to clients. 2. Do not connect with clients on social media (no "friending" on Facebook, implying a professional reference via LinkedIn, or other social media networks). 3. Be aware that the multiple layers in the web of networking may link your information to your clients' even if you don't personally respond or initiate. Anything that is on your personal network may be accessible through the web of previously established relationships. 4. Use a separate email address for your social media account(s) than the one you use to correspond with clients. Only text if it's part of your informed consent. 5. Unless you're a forensic psychologist, "googling" a client must be in the informed consent.	
Social Work	**National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, & Clinical Social Work Association.** (2017). Standards for Technology in Social Work Practice. Retrieved at https://www.aswb.org/wp-content/uploads	**Standard 2.10: Social Media Policy** Social workers who use social media shall develop a social media policy that they share with clients. **Standard 3.09: Using Search Engines to Locate Information about Clients** Except for compelling professional reasons, social workers shall not gather information about clients from online sources without the client's consent; if they do so, they shall take reasonable steps to verify the accuracy of the found information. **Standard 3.12: Open Access Information** When information is posted or stored electronically in a manner that is intended to be available to certain groups or to the public in general, social workers shall be aware of how that information may be used and interpreted, and take reasonable steps to ensure that the information is accurate, respectful, and complete.	These comprehensive set of social work technology standards were developed by the four different organizations representing educational, regulatory and professional organizations.

	/2013/10/TechnologySWPractice.pdf	**Standard 4.04: Social Media Policies** When using online social media for educational purposes, social work educators shall provide students with social media policies to provide them with guidance about ethical considerations. **Section H Distance Counseling, Technology, and Social Media** **H.1. Knowledge and Legal Considerations** H.1.a. Knowledge and Competency Counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related technical, ethical, and legal considerations H.1.b. Laws and Statutes Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the counselor's practicing location and the client's place of residence. **H.2. Informed Consent and Security** H.2.a. Informed Consent and Disclosure Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. H.4.b. Professional Boundaries in Distance Counseling Counselors understand the necessity of maintaining a professional relationship with their clients H.4.f. Communication Differences in Electronic Media Counselors consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect the counseling process.	

		H.6. Social Media H.6.a. Virtual Professional Presence In cases where counselors wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence. H.6.b. Social Media as Part of Informed Consent Counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media. H.6.c. Client Virtual Presence Counselors respect the privacy of their clients' presence on social media unless given consent to view such information. H.6.d. Use of Public Social Media Counselors take precautions to avoid disclosing confidential information through public social media.	
Marriage and Family Therapy	**Ginory, A., , Mayol Sabatier, L., & Eth, S.** (2012). Addressing therapeutic boundaries in social networking. Psychiatry, 75(1), 40-48.	TABLE 3. Summary of Guidelines for Maintaining Professionalism in Social Media 1. Physicians should regularly update their privacy settings. 2. Physicians should remain aware of guidelines regarding patient confidentiality and refrain from posting identifying information about patients, including photographs. 3. When interacting with patients online, all boundaries should be maintained based on previously set forth guidelines. 4. Entering into dual relationships with patients should be avoided.	"This study explored the prevalence of such boundary crossings and offers recommendations for training. An anonymous voluntary survey regarding Facebook use was distributed to current psychiatry residents through the American Psychiatric Association (APA) listserv."

		5. Physicians should maintain adequate separation of personal and professional information, and on personal profile, they should be wary of the pictures and information available, as even with privacy settings items may be visible publicly. 6. Inappropriate behavior online should be discussed with the individual, and if it remains uncorrected, it should be reported to the proper authorities. 7. Physicians should regularly monitor their Internet presence by conducting regular web inquiries to search for information that may be publicly available. 8. Training programs should develop policies for professional use of social media and educate residents on possible boundary crossings and violations of professionalism. 9. Physicians should be aware that there might be negative repercussions for content posted. (American Medical Association, 2011; Gabbard, Kassaw, & Perez-Garcia, 2011)	
Psychology	Tunick, R., Mednick,L. & Conroy, C. (2011). A snapshot of child psychologists' social media activity: Professional and ethical practice implications and recommendations. Professional	• Clinicians must be aware of the potential dilemmas that may arise when participating in social media. • Be savvy and diligent about privacy settings • psychologists should carefully consider and develop a clear and consistent policy about their approach to online communication with clients and be transparent regarding their online policy • Engage in conversation with trainees in their training about their online behavior	The authors surveyed 246 psychologists and psychologists-in-training regarding their own blogging and social networking practices, as well as their behavior around their clients' online presence. Based

	Psychology: Research and Practice, 42(6), 440–447.	• Consider the risks and benefits before viewing clients' online material • Should psychologists decide that the benefits of viewing client information online outweigh the risks, we encourage our colleagues to be transparent about this practice. • Promote safe Internet behavior with clients • We recommend that clinicians working with youth engage in dialogue with parents about matters pertaining to their children's Internet safety	on the responses to this survey, a series of considerations and guidelines for our professional practice are proposed, and psychologists are encouraged to engage in thoughtful self-reflection as they establish their own policies regarding these matters.
Psychiatry	Peek, H., Richards, M., Muir, O., Chan, S., Caton, M., & MacMillan, C. (2015). Blogging and social media for mental health education and advocacy: A review for psychiatrists. *Current Psychiatry Reports*, 17: 88	**Blogging Guidelines** • Use the Golden Rule of the Internet: if a psychiatrist would not say it in person, they should not say it online. • Question intent: if publishing a story will benefit only the author, consider not publishing it. • Keep it clean: a psychiatrist-blogger represents not only themselves in the public but also the profession and any affiliated institutions. • Care for patients on the page: the psychiatrist-blogger is responsible for the patient's well-being even when they are not physically in their presence **Social Media and Microblogging Guidelines** The authors cite the FSMB social media guidelines to follow	"We ... review the current recommendations for ethics and professionalism as well as make recommendations to strengthen our guidance in this new [blogging and social media] and evolving field."
Psychiatry	Gabbard, G., Kassaw, K. & Perez-Garcia, G. (2011). Professional boundaries in the era of the	**TABLE 1. Recommended Guidelines for Maintaining Professional Boundaries Online** 1. Psychiatrists and other mental health professionals who use social networking sites should activate all available privacy settings (5, 19, 20).	

	Internet. *Academic Psychiatry*, 35:168–174.	2. Web searches should be conducted periodically to monitor false information or photographs of concern (20). If these items are discovered, the website administrator can be contacted to remove problematic information. 3. The following items should not be included in blogs or networking sites: a) Patient information and other confidential material. b) Disparaging comments about colleagues or groups of patients. c) Any comment on lawsuits, clinical cases, or administrative actions in which one is involved, because they can potentially compromise one's defense (22). d) Photographs that may be perceived as unprofessional (e.g., sexually suggestive poses or drinking/drug use). 4. Although looking up information about a patient on the Internet is not unethical because it is public, psychiatrists who choose to do so must be prepared for clinical complications that require careful and thoughtful management. Some patients may experience the psychiatrist's interest in this information as a boundary-violation or a compromise of trust (23). 5. One should avoid becoming "Facebook friends" or entering into other dual relationships on the Internet with patients (19, 21). One strategy is to have separate profiles for separate roles, that is, personal versus professional (Hsiung R, personal communication, December 14, 2009). 6. One must not assume that anything posted anonymously on the Internet will remain anonymous, because posts can be traced to their	

		sources (22). Psychiatrists or psychiatric residents who wish to post their availability on online dating sites are free to do so but must be fully prepared for the possibility that patients will see them and have intense reactions. 7. Training institutions should educate their trainees about professionalism and boundary issues as part of their professionalism curriculum and assist them in their mastery of technology. 8. All training institutions should develop policies for handling breaches of ethics or professionalism through Internet activity. 9. Psychotherapy training should include consideration of the clinical dilemmas presented by social networking sites, blogging, and search engines, as well as potential boundary issues.	
Physicians	Chretien, K. & Kind, T. (2013). Social media and clinical care ethical, professional, and social implications. Circulation.127, 1413-1421.	Table 3. Recommendations for Physicians Who Use Social Networking ● Avoid writing about specific patients ● Opt for highest privacy settings ● Keep in mind that all content may be discoverable ● Avoid extending "friend requests" to patients ● Respond to friend requests from patients to access physician's personal social ● networking page by redirecting them to more secure means of communication or to a physician's professional social networking page ● Avoid anonymity ● Accurately state credentials ● Specifically, state whether you are or not representing your employer or institution ● Avoid giving specific medical advice to non-patients	

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APPENDIX C – Statutes, Regulations or Policies Adopted in U.S. Jurisdictions

Arizona: 32-2075 – exemptions from licensure

California: California Telehealth Advancement Act of 2011, http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0401-0450/ab_415_bill_20111007_chaptered.pdf

Colorado State Board of Psychologist Examiners: Policy 30-1 adopted 4-8-11. Teletherapy Policy: Guidance Regarding Psychotherapy Through Electronic Means within the State of Colorado. At https://www.colorado.gov/pacific/dora/Psychologist_Laws#Policies

Delaware Board of Examiners of Psychologists: Regulations in CDR 24-3500, Section 18.0 Telepsychology at http://regulations.delaware.gov/AdminCode/title24/3500.pdf define telepsychology and standards for practicing telepsychology. As of January 2016, the licensing law (Title 24, Chapter 35, Section 3502 (6) defines the "practice of psychology" to include "the use of telemedicine". At http://delcode.delaware.gov/title24/c035/sc01/index.shtml

Georgia: Georgia administrative rule 510-5-.07 (2) Practicing via Electronic Transmission rule at http://rules.sos.state.ga.us/docs/510/5/07.pdf

Hawaii: Chapter 465, Section 465-3 (8) provides a limited exemption for psychologists employed by the Department of Defense providing telepsychological services http://cca.hawaii.gov/pvl/files/2013/08/hrs_pvl_465.pdf

Idaho: Idaho Code § 54-2305-11 (2013) provides for establishing telepsychology rules http://www.scstatehouse.gov/code/t40c055.php The Idaho Board of Psychologists Examiners with the Idaho Psychological Association adopted Guidelines for Electronic Transmission and Telepsychology in the State of Idaho in 2012 that are at http://www.idahoahec.org/app/uploads/sites/2/2015/04/Idaho-Telepsychology-Guidelines.pdf

Kansas: KAR 102-1-19 requires license in state to practice psychology regardless of person's location http://www.ksbsrb.org/statutes_regs/regulationslp.html

Kentucky: Statute KRS 319.140 (2000) requires informed consent and maintaining confidentiality when using telehealth http://www.lrc.ky.gov/krs/319-00/140.PDF ; Telehealth and Telepsychology Rule 201 KAR 26: 310 (2010) at http://www.lrc.ky.gov/kar/201/026/310.htm

Maine: According to the *MaineCare Benefits Manual*, "Interactive Telehealth Services" means"[r]eal time, interactive visual and audio telecommunications whereby a Member and a Health Care Provider interact remotely through the use of technology."

MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.01-9 (Apr. 16, 2016).

According to the *MaineCare Benefits Manual*, "Telehealth Services" means "[t]he use of information technology by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment. Telehealth Services may be either Telephonic or Interactive (combined video/audio)."
MaineCare Benefits Manual, *Telehealth*, ch. 1 § 4.01-10 (Apr. 16, 2016).

Mississippi: Code Ann. § 73-31-3 (d)(ii)(7) and § 73-31-14(3) practice of psychology includes telecommunications http://www.lexisnexis.com/hottopics/mscode/

Montana: Administrative Rule 24.189.301(1) definition of a "professional relationship" includes telecommunications http://www.mtrules.org/gateway/ruleno.asp?RN=24.189.301 Admin Rule **24.189.607 (4)(d)(ii) includes teleconferencing for postdoctoral supervision** http://www.mtrules.org/gateway/ruleno.asp?RN=24.189.607

New Hampshire: Chapter 329-B, Section 329-B:16 states that the "electronic practice of psychology" is subject to standards of care adopted by the New Hampshire Board of Mental Health Practice http://www.gencourt.state.nh.us/rsa/html/XXX/329-B/329-B-16.htm

New Jersey: A "'health care provider' means an individual who provides a health care service to apatient, and includes, but is not limited to . . . a psychologist."
N.J. STAT. ANN. § 45:1-61.

A health care provider engaging in telemedicine or telehealth shall review the medical history and any medical records provided by the patient. For an initial encounter with the patient, the provider shall review the patient's medical history and medical records prior to initiating contact with the patient, as required pursuant to paragraph (3) of subsection a. of section 3 of P.L.2017, c.117 (C.45:1-63). In the case of a subsequent telemedicine or telehealth encounter conducted pursuant to an ongoing provider-patient relationship, the provider may review the information prior to initiating contact with the patient or contemporaneously with the telemedicine or telehealth encounter.
N.J. STAT. ANN. § 45:1-62(c)(4).

"Any health care provider providing health care services using telemedicine or telehealth shall be subject to the same standard of care or practice standards as are applicable to in-person settings. If telemedicine or telehealth services would not be consistent with this standard of care, the health care provider shall direct the patient to seek in-person care."
N.J. STAT. ANN. § 45:1-62(d)(1).

Any health care provider who uses telemedicine or engages in telehealth while providing health care services to a patient, shall: (1) be validly licensed, certified, or registered, pursuant to Title 45 of the Revised Statutes, to provide such services

in the State of New Jersey. (2) remain subject to regulation by the appropriate New Jersey State licensing board or other New Jersey State professional regulatory entity; (3) act in compliance with existing requirements regarding the maintenance of liability insurance; and (4) remain subject to New Jersey jurisdiction if either the patient or the provider is located in New Jersey at the time services are provided. N.J. STAT. ANN. § 45:1-62(b).

Any health care provider who engages in telemedicine or telehealth shall ensure that a proper provider-patient relationship is established. The establishment of a proper provider-patient relationship shall include, but shall not be limited to:
(1) properly identifying the patient using, at a minimum, the patient's name, date of birth, phone number, and address. When properly identifying the patient, the provider may additionally use the patient's assigned identification number, social security number, photo, health insurance policy number, or other appropriate patient identifier associated directly with the patient;
(2) disclosing and validating the provider's identity and credentials, such as the provider's license, title, and, if applicable, specialty and board certifications;
(3) prior to initiating contact with a patient in an initial encounter for the purpose of providing services to the patient using telemedicine or telehealth, reviewing the patient's medical history and any available medical records; and
(4) prior to initiating contact with a patient for the purpose of providing services to the patient using telemedicine or telehealth, determining whether the provider will be able to provide the same standard of care using telemedicine or telehealth as would be provided if the services were provided in person. The provider shall make this determination prior to each unique patient encounter.
N.J. STAT. ANN. § 45:1-63(a).

Telemedicine or telehealth may be practiced without a proper provider-patient relationship, as defined in subsection a. of this section, in the following circumstances:
(1) during informal consultations performed by a health care provider outside the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
(2) during episodic consultations by a medical specialist located in another jurisdiction who provides consultation services, upon request, to a properly licensed or certified health care provider in this State;
(3) when a health care provider furnishes medical assistance in response to an emergency or disaster, provided that there is no charge for the medical assistance; or
(4) when a substitute health care provider, who is acting on behalf of an absent health care provider in the same specialty, provides health care services on an oncall or cross-coverage basis, provided that the absent health care provider has designated the substitute provider as an on-call provider or cross-coverage service provider.

N.J. STAT. ANN. § 45:1-63(b).

"'Telehealth' means the use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L.2017."
N.J. STAT. ANN. § 45:1-61.

"Telemedicine services shall be provided using interactive, real-time, two-way communication technologies."
N.J. STAT. ANN. § 45:1-62(c)(1).

"'Telemedicine' does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission."
N.J. STAT. ANN. § 45:1-61.

A health care provider engaging in telemedicine or telehealth may use asynchronous store-and-forward technology to allow for the electronic transmission of images, diagnostics, data, and medical information; except that the health care provider may use interactive, real-time, two-way audio in combination with asynchronous store-and-forward technology, without video capabilities, if, after accessing and reviewing the patient's medical records, the provider determines that the provider is able to meet the same standard of care as if the health care services were being provided in person.
N.J. STAT. ANN. § 45:1-62(c)(2)

New York: "Telepractice includes the use of telecommunications and web-based applications to provide assessment, diagnosis, intervention, consultation, supervision, education and information across distance. It may include providing non-face-to-face psychological, mental health, marriage and family, creative arts, psychoanalytic, psychotherapy and social work services via technology such as telephone, e-mail, chat and videoconferencing. Telecommunications and Electronic Medical Records (EMRs) may include computer files, documents, e-mails, interactive media sessions, CD's, audiotapes, video-tapes, fax images, phone messages and text messages."
New York State Education Department, Office of the Professions, Practice Alert: Telepractice (last updated Dec. 17, 2013) (applies broadly to mental health practitioners).

What are the acceptable modalities (e.g., telephone, video) for the practice of social work via telemedicine/telehealth that meet the standard of care for the state?

"Telepractice includes the use of telecommunications and web-based applications to provide assessment, diagnosis, intervention, consultation, supervision, education and

information across distance. It may include providing non-face-to-face psychological, mental health, marriage and family, creative arts, psychoanalytic, psychotherapy and social work services via technology such as telephone, e-mail, chat and videoconferencing. Telecommunications and Electronic Medical Records (EMRs) may include computer files, documents, e-mails, interactive media sessions, CD's, audiotapes, video-tapes, fax images, phone messages and text messages."
New York State Education Department, Office of the Professions, Practice Alert: Telepractice (last updated Dec. 17, 2013) (applies broadly to mental health practitioners).

North Dakota: Administrative rule 43-51-02 defines services provided to residents of the state, regardless of how they are provided or the physical location of the provider, to be regulated by North Dakota law and rules http://www.legis.nd.gov/cencode/t43c51.pdf . The North Dakota State Board of Psychologist Examiners has a Board Statement on Telepsychology in North Dakota dated October 17, 2014 at http://www.ndsbpe.org/uploads/2/9/2/4/2924803/faq_telepsychology_4-14-15.pdf

Ohio: Ohio Administrative Code 4732-17-01 (I) Telepsychology Rules (2011) http://codes.ohio.gov/oac/4732-17

Oregon: *Social Media Guidelines* (2018). http://oregon.gov

South Carolina: Code Section 40-55-50 (C) requires psychology license to provide services in the state including by telecommunications http://www.scstatehouse.gov/code/t40c055.php

Tennessee : Code 63-11-203(a)(2)(A)(viii) defines telepsychology http://www.lexisnexis.com/hottopics/tncode/ (telepsychology rules being developed by the Tennessee Board of Examiners of Psychology were in "internal review process" as of December 15, 2015. No rules regarding telepsychology as of June 12, 2017)

Texas: "Licensees who provide psychological services through the internet or other remote or electronic means, must provide written notification of their license number and instructions on how to verify the status of a license when obtaining informed consent." 22 TEX. ADMIN. CODE § 465.7.

Utah: Administrative Rule R156-61-102 (3)(b) allows "direct supervision" of a supervisee in training to receive supervision remotely "...via real time electronic methods that allow for visual and audio interactions..." http://www.dopl.utah.gov/laws/R156-61.pdf

Vermont: Statute Title 26, Chapter 055 § 3018 (1999) defines psychological services via telecommunications to be regulated by Vermont law http://legislature.vermont.gov/statutes/section/26/055/03018 Administrative Rule 6.4

Telepractice includes any interjurisdictional "telepractice services"
https://www.sec.state.vt.us/media/649337/Psych-RulesAdopted-Clean-1229-2014.pdf

Washington: "'Telepsychology' is the delivery of psychological services using Telecommunications technologies."
Washington Department of Health, Office of Health Professions and Facilities, Examining Board of Psychology, *Telepsychology* (Jan. 29, 2016), at 1.

"Psychologists utilizing telepsychology on patients-clients in Washington State must be licensed to practice psychology in Washington State or have a temporary permit to practice psychology in Washington State. Washington State licensed psychologists are encouraged to be familiar with and comply with relevant laws and regulations when providing telepsychology services to patients-clients across state and international borders."
Washington Department of Health, Office of Health Professions and Facilities, Examining Board of Psychology, *Telepsychology* (Jan. 29, 2016), at 2.

Psychologists [must] obtain and document informed consent that specifically addresses the concerns that may be related to the telepsychology services they provide. Such informed consent should be developed so it is reasonably understandable to clients-patients. Informed consent may include, but is not limited to:
(a) The manner in which the psychologist and client-patient will use particular telecommunications technologies, the boundaries that will be established and observed, and procedures for responding to electronic communications from clients-patients;
(b) Issues and potential risks surrounding confidentiality and security of client patient information when particular telecommunication technologies are used (e.g., potential for decreased expectation of confidentiality if certain technologies are used);
(c) Limitations on the availability and/or appropriateness of specific telepsychology services that may be hindered as a result of the services being offered remotely.
Washington Department of Health, Office of Health Professions and Facilities, Examining Board of Psychology, *Telepsychology* (Jan. 29, 2016), at 2.

West Virginia: West Virginia Board of Examiners of Psychologists, Policy Statements: Tele-Psychology.

Minimum equipment standards are transmission speeds of 256kbps or higher over ISDN (Integrated Services Digital Network) or proprietary network connections including VPNs (Virtual Private Networks), fractional T1, or T1 comparable cable bandwidths. Software that has been developed for the specific use of Telehealth may be used as long as the software is HIPAA Compliant and abides by a federal code pertaining to Telehealth.

The audio, video, and/or computer telemedicine system used must, at a minimum, have the capability of meeting the procedural definition of the code provided through telemedicine. The telecommunication equipment must be of a quality to complete adequately all necessary components to document the level of service for the CPT codes that are available to be billed. If a peripheral diagnostic scope is required to assess the patient, it must provide adequate resolution or audio quality for decision-making.

Wisconsin: Administrative Code Psy 2.14 (2) states that "A psychologist provides psychological services in this state whenever the patient or client is located in this state, regardless of whether the psychologist is temporarily located in this state or is providing services by electronic or telephonic means from the state where the psychologist is licensed. https://docs.legis.wisconsin.gov/code/admin_code/psy/2.pdf

Policy, Statments, Opinion or Position Papers

Colorado: State Board of Psychology Examiners Administrative Policy 30-1 Teletherapy Policy-Guidance Regarding Psychotherapy Through Electronic Means in the State of Colorado http://www.colorado.gov/cs/Satellite/DORA-Reg/CBON/DORA/1251632089838

Florida: case in January 2012 board approved Florida licensed psychologist to provide telepsychology from Michigan to Florida, board opinion June 5, 2006 regarding requirement for Florida license by Ohio psychologist in Florida and telepsychology to an Ohio citizen in Ohio

Louisiana: board opinion that psychologist must be licensed in LA to provide telepsychology, that the psychologist is expected to have had a face to face relationship established previously (November 2010 Board minutes – not online) Telepsychology Guidelines adopted by board effective January 1, 2015 at http://www.lsbep.org/pdfs/2014/Final-Telepsych-Guidelines-1-15.pdf

Massachusetts: 2005 and updated October 2015 Massachusetts Board of Registration in Psychology opinion Provision of Services Via Electronic Means (same as North Carolina psychology board opinion) http://www.mass.gov/ocabr/licensee/dpl-boards/py/regulations/board-policies/provision-of-services-via-electronic-means.html

New York: Guideline updated December 17, 2013:Engaging in Telepractice (same as North Carolina psychology board statement) http://www.op.nysed.gov/prof/psych/psychtelepracticeguide.htm

Nevada: June 2013 statement in State of Nevada Board of Psychological Examiners newsletter written by board secretary/treasurer states that a Nevada psychology license is required for anyone out of state providing any psychological services in Nevada. http://psyexam.nv.gov/News-Resources/

North Carolina: 2005 psychology board opinion Provision of Services Via Electronic Means, (same as New York psychology board statement) at http://www.ncpsychologyboard.org/office/ElectronicServices.htm

Texas: Telepractice Policy Statement, Newsletter of Texas State Board of Examiners of Psychologists, Fall 1999, Vol. 12, No. 2, at http://www.tsbep.texas.gov/files/newsletters/1999Fall.pdf

Virginia: Baker (2013) states policy statement issued by Virginia Board of Counseling Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision used by the Virginia Board of Psychology http://www.dhp.virginia.gov/counseling/guidelines/115-1.4%20Technology-Assisted.doc

West Virginia: Board of Examiners of Psychology policy statement Tele-Psychology-Skype lists cautions regarding the use of "skype" for providing psychological services http://www.wvpsychbd.org/policy_statements.htm

APPENDIX D – Statutes, Regulations or Policies Adopted in Canadian Jurisdictions

Alberta: The College of Alberta Psychologists has practice guidelines for Telepsychology Services that can be accessed from the College website at www.cap.ab.ca .

British Colombia: The website for the College of Psychologists of British Colombia has, under the "Forms and Documents" section, a number of checklists that remind registrants about the requirements for certain areas of practice. The checklists for social media include – Checklist #01 for the "Use of Email and Other Electronic Media to Communicate with Clients"; Checklist #06 for "Telepsychology Services"; Checklist #07 for the "Use of Social Media"; Checklist #14 that addresses "Considerations Before Offering a Novel or Alternative Type of Service"; and Checklist #15 for "Telepsychology Assessment". These checklists can be accessed at www.collegeofpsychologists.bc.ca.

Manitoba: Telepsychology Practice Standards (2011) can be found on the website for the Psychological Association of Manitoba, the regulatory body for Manitoba. That address is www.cpmb.ca/documants/Telepsychology.Standards.4June2011.

Nova Scotia: The Model Standards for Telepsychology Service (2017) can be found on the website for the Nova Scotia Board of Examiners in Psychology at www.nsbep.org. A memorandum of understanding (MOU) between the Nova Scotia Board, the Prince Edward Island Board, the College of Psychologists of New Brunswick and the Newfoundland and Labrador Board regulates the practice of telepsychology in those provinces. This MOU among the Atlantic Provinces allows interjurisdictional telepsychology practice without requiring registration in every one of the provinces as long as the psychologist is registered in one of those provinces.

Prince Edward Island: Aside from the MOU with Nova Scotia, New Brunswick, and Newfoundland and Labrador, PEI has "Practice Guidelines: Telepsychology" that identify the jurisdictional standards and areas of the Canadian Code of Ethics for Psychologists (2017) applicable to telepsychology practice. The Practice Guidelines can be found at www.peipsychology.org.

Saskatchewan: This province has on its website, "Model Standards for Telepsychology Service Delivery" that were adopted by the Association of Canadian Psychology Regulatory Organizations (ACPRO). These brief Standards specify which sections of the Canadian Code of Ethics apply to the practice of telepsychology and identify a set of "rules" that govern this practice and can be found on the Saskatchewan website at www.skcp.ca/pdf%20files/telehealth-advisory.pdf . The College's Professional Practice

Guidelines (2019) address "Telepsychology and Social Media" and can be found at www.skcp.ca.

APPENDIX E – Codes Relevant to Social Media Use

Confidentiality

- ASPPB Code – F.2, F.6, F.7, F.11
- APA Code - 4.01 – 4.07
- CPA Code - 1.03 – 1.05

Informed Consent

- ASPPB Code – F.2, F.3, F.6
- APA Code - 3.10
- CPA Code - 1.16 – 1.21, 1.27, 1.30 – 1.40 and III.13 – III.15

Risk Management

- ASPPB Code – Sections A, B, C, D, E and F
- APA Code - Principle A, 3.06, 4.01 and 5.01
- CPA Code -II.37 and II.44 – II.45

Multiple Relationships

- ASPPB Code – B.1, B.2
- APA Code – 3.05
- CPA Code – 1.26, II.28 – II.31 and III.28 – III.31

Competence

- ASPPB Code – Section A (especially A.4)
- APA Code – 2.01, 2.04, and 5.04
- CPA Code – II.1 – II.14, II.16, II.18, II.21 – II.23, II.56, III.35, IV.15, IV.18 and IV. 24 – IV.28

Professional Conduct

- ASPPB Code – Sections A, C, D, E and F
- APA Code – 2.01, 2.04, and 5.04
- CPA Code – III.1 – III.8, IV.4, IV.8 and IV.10 – IV.11

Security of Information

- ASPPB Code – Section F
- APA Code – 4.01, 2.05 and 6.02
- CPA Code – II.6, II.21, II.56 and III.37

APPENDIX F – Example of Informed Consent Disclaimer

Confidentiality Notice: this message is intended only for the use of the individual or entity to which it is addressed and may contain information whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR, Part 2) prohibit you from making any further disclosure of it without the expressed written consent of the person to whom it pertains, or of the guardian or custodial parent of the minor to whom it pertains. This prohibition applies to any reference to
this email, either verbal or written, or to any excerpting, photocopying, or direct quotes from this email. If you are not the intended recipient, please delete this email immediately.

In requesting a response from me via email, you are hereby giving your consent for a response by email, understanding that email may not be encrypted and even if encrypted, email poses security risks that threaten confidentiality (i.e., other people reading your messages, hacking and email pirating, lost or stolen devices). If you would prefer a response in another format (telephone, voice mail, FAX, or postal service), please indicate your preference in your email message to me or contact me by any of these other methods. (Oregon Board of Psychology, 2018)**

** It is important to stress that informed consent is a process that should be engaged in with the client and is not a form. Use of a form of any type should be seen as only part of the informed consent process and not the process itself.

APPENDIX G – Sample of Social Media Policy

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

If you have any questions about this policy, please feel free to discuss this with me.

Email [and Text Message] Communications

I use email communication [and text messaging] only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges [and text messages] with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email [or text] me about clinical matters because this is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Email [and text messaging] should not be used to communicate with me in an emergency situation. I make every effort to respond to emails[, texts] and phone calls within 24 hours, except on weekends and holidays. In case of an emergency, please call my phone line at [insert #]. If I am not immediately available by phone, please call 911, contact local crisis services [insert name of organization and phone #] or go to the nearest emergency room.

[For psychologists who do not wish to receive any text messages, delete bracketed text above referring to text messages and insert the following paragraph]

Text Messaging

Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messages from anyone in treatment with me. So, please do not text message me unless we have made other arrangements.

Social Media

I do not communicate with, or contact, any of my patients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant privacy risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with patients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

Websites

I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

Web Searches

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age, there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your
treatment.

Recently it has become common for patients to review their health care provider on various websites. However, mental health professionals cannot respond to such comments because of confidentiality restrictions. It is also generally preferable for patients to discuss their concerns directly with their health care provider. If you have concerns or questions about any aspect of our work together or about any previously posted online reviews of my practice, please let me know so that we can discuss them. I recommend that you do not rate my work with you on any website for several reasons. If you rate my work on a website while you are in treatment with me, it has the potential to affect our therapeutic relationship. If you choose to post an online review about me or another health care provider either while you are in treatment or afterwards, please keep in mind that you may be revealing confidential information about your treatment.

Thank you for keeping this policy in mind and for letting me know of any concerns.
(Oregon Board of Psychology, 2018)

APPENDIX H – Social Media Vignettes

Vignette #1

A psychologist in a moment of anger and poor judgement texts his ex-wife, telling her that she is "more bipolar" than anyone on his caseload past and present, and this includes all the inpatients at the state hospital where he did his internship. She makes a complaint to the regulatory body, and provides the text as evidence in the complaint.

Analysis: Texting creates a record of one's statements and in sending a text even if it is intended to be private / personal one needs to be prepared that it may become public. Diagnosing his ex-wife is inappropriate as she is not his client, nor should she be his client, given their past marital relationship. It is also an ethical issue as presumably he has not formally assessed his wife and direct assessment is required in establishing a diagnosis. Psychologists need to remember that all communication potentially could become public and therefore open to scrutiny.

Vignette #2

The brother-in-law of a psychologist tags him on a Facebook post. The pictures were taken at the psychologist's bachelor party and consisted of photos of the psychologist posing suggestively in various states of intoxication.

Analysis: Psychologists need to be cognizant of the fact that ultimately they may be held responsible for any representation that reflects badly upon the profession, even one that they did not post themselves or did not intend to be public. While likely this particular situation would not likely constitute an ethical infraction, it could potentially harm the psychologist's reputation among colleagues and clients who may see such posts.

Vignette #3

A psychologist complains on a professional listserv about an insurance company's reimbursement rates that they feel are low, and about the company's response time.

Analysis: Public criticism of another agency or provider while not necessarily unethical is unprofessional and may reflect badly on the profession. Further, if clients somehow get access to the post they this may negatively impact the therapeutic relationship. It is important to give consideration to whether posting to a listserv is the most appropriate way to address one's concerns.

Vignette #4

On a public Linked In group, a psychologist asks for help in the treatment of a client with a borderline personality disorder diagnosis, and states in the post "I just had my session with her." He provides de-identified information about the session. The client immediately responds to the post, self-identifying that she is that client, thanking him for taking care of her.

Analysis: We have no way of knowing whether our own clients or clients of other psychologists are in our Linked In groups. The Linked In group was public, and the psychologist should have known this. In addition, the psychologist used identifying information ("i.e., "and I just had my session with her."), which may violate confidentiality. This is a case of where a competence issue created the venue for several ethical violations to occur.

Vignette #5

A psychologist working in a small remote community complains on their private Facebook page that they are sick and tired of working with victims of domestic violence as in his opinion they just "whine" and then return to their relationships to experience the violence all over again. One of the psychologist's "friends" shared the post with a friend who happens to work for a local shelter and was previously the psychologist's client. A complaint was lodged with the regulatory body.

Analysis: The psychologist should not have assumed that his comments would be kept private. This reflects badly on the profession, is unprofessional and inappropriate, and is harmful to the ex-client.

Vignette #6

A Psychologist gave her distressed client her personal cell phone number and told them the client they could contact her after hours or between appointments in an emergency if they need to. The client texts the psychologist on a Friday evening at 11 p.m. indicating that they really need to talk. The psychologist does not respond as she has had a hard week and feels that she has a right to some down time. The client texts back to her that she feels abandoned by the psychologist.

Analysis: The psychologist has set up the unreasonable expectation that she will be available all of the time - issue of boundaries. An unintended consequence of social media is that it supports the blurring of boundaries between personal and professional. The psychologist also

is using her private phone for client contact which could potentially become a breach of confidentiality and privacy.

Vignette #7

A psychologist is running late to arrive at his office, so he texts his next client to let her know that he'll be late for their "meeting". The client's daughter is playing a game on her mother's phone and sees the message.

Analysis: Informed Consent issue: Does the Psychologist have informed consent from the client to send messages via texting? Risk Management issue: Has the Psychologist discussed with the client how to keep her confidential messages safe from prying eyes? Security of Information issue: Has the Psychologist ensured that the text message will not be accessed from his phone by unauthorized persons (his family, partner, etc.)?