Social media, digital technology and the counselling professions

Good Practice in Action 040
Commonly Asked Questions

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Context

This resource is one of a suite prepared by BACP to enable members to engage with BACP's *Ethical Framework for the Counselling Professions* in respect of using digital technology.

Purpose

The purpose of this resource is to provide information for therapists and counselling service providers in respect of commonly asked questions about using social media within the counselling professions.

Using Commonly Asked Questions Resources

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for the Counselling Professions*. The Commonly Asked Questions resources are not contractually binding on members but are intended to support practitioners by providing general information on principles and policy applicable at the time of publication, in the context of the core ethical principles, values and personal moral qualities of BACP.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends discussion of practice dilemmas with a supervisor and/or consulting a suitably qualified and experienced legal or other relevant practitioner.

In this resource, the word 'therapist' is used to mean specifically counsellors and psychotherapists and 'therapy' to mean specifically counselling and psychotherapy. The terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care.

Introduction

This resource should be read in conjunction with the *Ethical Framework for the Counselling Professions* and *Good Practice in Action 047 Fact Sheet: Working Online* and is intended to provide basic information about the use of digital technology and social media in the context of the counselling professions.

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1 BACP's *Ethical Framework for the Counselling Professions* 2018

1.1 What does the *Ethical Framework* say about the use of social media and digital technology?

The lives of our clients, and indeed our own lives have shifted to embrace social media and other aspects of digital technology. The *Ethical Framework* commits members to fulfil the ethical principles and values set out in the *Framework*:

'...regardless of whether working online, face-to-face or using any other methods of communication. The technical and practical knowledge may vary according to how services are delivered but all our services will be delivered to at least fundamental professional standards or better.' (Good Practice, point 20)

Whilst the ethical challenges of working therapeutically online with clients are similar to those of face-to-face therapy, providing online services is complicated by distinctive technical, ethical and legal challenges. The *Ethical Framework for the Counselling Professions* has been written with these challenges in mind using input from various stakeholders, including regulatory bodies, BACP members and clients.

1.2 What is meant by social media and digital technology in the context of the counselling professions?

Social media is a collective name for online communications channels dedicated to community-based input, interaction, content-sharing and collaboration. These could include forums, microblogging sites, social networking, message sharing, social bookmarking and social curation. Many counselling professionals have a personal presence in some forms of social media sites and forums. Counselling professionals may also use social networking sites to publicise their services, or even communicate with clients. The number of platforms available continues to increase rapidly with varying levels of security and differing privacy terms.

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The challenge for practitioners is to remain aware of the boundaries between their personal and professional online presence, and to ensure they keep clients' personal data in accordance with data protection regulations, and that clients are informed of any limitations the technology used may have on their privacy.

Alongside this, the wider description of digital technology, is being embraced by many counselling professionals in the form of specific online therapy provided through synchronous (meeting with the client in real time – such as audio or video conferencing) and asynchronous systems (where a message is received from a client and then responded to at a later date) and peripheral activities such as cloud-based systems for record keeping, email and text communications with clients.

1.3 Am I required to offer my services via digital technology or social media?

No. This is not a requirement. Clients may however benefit from its use. Offering online therapeutic sessions can make therapy more accessible to those who could be anxious about face-to-face sessions or cannot travel long distances for sessions (Bond and Mitchels, 2015). It may also be helpful to have email or text messages to, or from your client in respect of setting up sessions, and it may be more practical to store records within a cloud-based storage system. Before committing to offering online therapeutic sessions, however, do consider whether you are competent to work in this way. Also think through what the ethical challenges may be and your clients' needs; both in respect of their ability to engage with the service, and the level of privacy that can be offered. Using digital technology in other peripheral activities (such as email, record keeping or text messaging) may also need careful thought in terms of data protection and security. The questions in section 2 can be used as a guide if you choose to use digital technology or social media in your practice.

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2 Professional practice, digital technology and social media

2.1 How can social media be used in the counselling professions?

There are a number of ways to incorporate social media into our work. One application of social media within medical professions is peer-to-peer collaboration (Grajales III et al, 2014); social media can be used to connect with other professionals. These collaborations can be used to 'keep up to date with current knowledge and skills', as expected within the *Ethical Framework for the Counselling Professions* (Good Practice, point 14). In addition, client care can also be discussed with other colleagues using social media to provide the client with the best care possible (Grajales III et al, 2014).

2.2 Is it appropriate to use social media to discuss clients with other colleagues?

It could be – if the collaboration is in the best interest of the client. In terms of the *Ethical Framework*, remember that the client's objectives are your first priority (Commitment 1). Discretion is needed if using social media to discuss clients. When doing so, ensure that the commitment to show respect for clients (Commitment 3), that includes a commitment to protect client confidentiality and privacy (Commitment 3b), is adhered to, and that such collaboration is within what was agreed in respect of confidentiality when the initial contract was made to work with the client and it is also compatible with any organisational policies that may apply. (See Commitment 3c and Good Practice, points 55 a-g).

It is also important to ensure that such consultations are truly anonymous or legally authorised. An anonymous consultation requires that any personal data are omitted from case consultations to protect client privacy (Commitment 3). 'Personal data' are defined as data that relate to a living individual who can be identified from the actual data or when combined with other data held by the data controller – the person with responsibility for making decisions about the data (Bond and Mitchels, 2015: 59).

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This includes the possibility of someone combining information given in the consultation with information likely to come into their possession in the future. It is so difficult to be fully confident about anonymising any consultation that it is better to have the client's authorisation and consent in advance, whenever practicable (Good Practice, point 26). Regardless of whether the consultation is anonymous, authorised by client consent and/ or agency policy, your collaborators should be explicitly committed to maintaining confidentiality in line with data protection requirements. See *Good Practice in Action 105: The General Data Protection Regulation (GDPR)* and the Information Commissioner's website: https://ico.org.uk for more information about data protection.

The *Ethical Framework for the Counselling Professions* commits members to responding to ethical issues, and to: 'take responsibility for considering how best to act in such situations and [will] be ready to explain why we decided to respond in the way we did.' (Good Practice, point 94) so you will need to ensure that you are aware of the limitations of the social media site hosts, including any privacy statements and terms and agreements as some hosts retain data for their own purposes.

For more information about working online see *Good Practice in Action 047: Working Online* which can be found at: https://www.bacp.co.uk/events-and-resources/ethics-and-standards/good-practice-in-action/

2.3 Do I need to take additional steps to protect personal client data held online?

If you are a practitioner who stores any personal client data on computers, laptops, mobile phones and tablets, you need to ensure that your clients give explicit consent to you keeping these data and that they are stored in accordance with data protection regulations. Please see the IT security information which you can find on the Information Commissioner's Office (ICO) website at: https://ico.org.uk/for-organisations/guide-to-data-protection-1998/it-security-top-tips/. You can find out more about data protection in *Good Practice in Action 105 Legal Resource: The General Data Protection Regulation (GDPR)*. There is a minimum expectation that electronic data be secured with a password and that they can only be accessed by trained staff contracted to maintain client confidentiality (Bond and Mitchels, 2015: 66). See also *Good Practice in Action 014 Legal Resource: Managing Confidentiality*.

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2.4 Can my clients find information about me online?

Yes. It is not unusual for clients to look for information about their practitioners before or during therapy. The *Ethical Framework* commits members to ensure that we establish and maintain appropriate professional and personal boundaries in our relationships with clients and that:

> 'reasonable care is taken to separate and maintain a distinction between our personal and professional presence on social media where this could result in harmful dual relationships with clients' (Good Practice, point 33a).

It is also important that we maintain a healthy work-life balance (Good Practice, point 91d). It is considered good practice therefore to set clear ground rules about how we engage with clients via social media from the start. In addition, that we use privacy settings on social media websites to only display for public view information we are comfortable being viewed by clients. For maximum privacy, we could try using a different identity for our personal and professional social network profiles. Again, we need to consider the privacy and confidentiality limitations of the social media hosting provider.

2.5 How can social media be used in research?

We value research that informs our practice and view supporting research as integral to our professional ethics (See the *Ethical Framework* Good Practice, points 84-90). Social media can be helpful to research in a number of ways:

- **Participant recruitment and data collection:** Social media can be used to reach various population pools for participant recruitment (Giota and Kleftaras, 2014).

- **Confidentiality:** Data collection online affords participant anonymity and easy access.

- **Research collaborations:** Professional networks, like LinkedIn, can connect researchers across diverse fields or geographical locations to make data pooling and mining possible (Giota and Kleftaras, 2014).

- **Research dissemination:** Once research is completed, it is possible – via tools like webinars and blogs – to share research results with colleagues in a timely manner (Giota and Kleftaras, 2014).

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3 Client care and social media

3.1 How can digital technology be used in client care?

There are different ways of using digital technology in client care:

- **Synchronous services:** Video conferencing services that allow practitioner and client to carry on synchronous live sessions, but again it is important to ensure we know what the limitations on confidentiality are that these services provide.

- **Asynchronous services:** Email and messaging services that are not instantaneous but provide an alternate means of communication between practitioner and client.

- **Self-help resources:** Practitioners can upload content to their website that allows clients to 'self-help' using questionnaires or online resources. Social media can also be used to help clients obtain information during crisis situations.

Digital technology has widened the range of possible ways of working with clients and offering support between sessions. The challenge is finding the ways that are most suitable for our specific clients and providing services that satisfy our professional standards. For more information see *Good Practice in Action 047: Working Online.*

3.2 Can video conferencing be used as part of client care?

Yes – with discretion. Use of such applications should be used only when the benefits outweigh the risk. Appropriate steps should be taken to ensure that client privacy and confidentiality are maintained (see Commitments 3b and Good Practice, points 55a-g). We need to take time to understand what the application developer's stance is on information privacy and ensure it aligns with our own privacy agreement with our client. Remember that any information placed online cannot be fully removed and may be vulnerable if not appropriately secured.

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3.3 How safe is it to use social applications (Facebook, Twitter) for/with clients?

Although many people now use social media sites and navigate them with ease to communicate with friends and family, the use of social media for client communication might not be appropriate for all clients. It is suggested that practitioners carry out a careful assessment, ensuring their clients understand the medium used, and know any limitations there may be to privacy.

Where therapeutic sessions are offered online through synchronous or asynchronous methods, practitioners need to ensure they are 'competent' to deliver therapy in this way. (See telephone and e-counselling competences framework available at: https://www.bacp. co.uk/media/2045/bacp-competences-for-telephone-ecounselling.pdf. If possible, you may wish to meet with clients initially in person to determine the suitability of their situation for online sessions.

Bear in mind that some clients may require direct observation, or benefit from the practitioner's physical presence, for example this could include clients with moderate to severe mental illness, or those who are dealing with substance abuse issues. In addition, we should remember that we will only have limited tools available to verify data or to make referrals, especially if our client is not in the same geographical region as we are, and we are unaware of the resources available to them. In the event of a crisis or breakdown, we will likely be unable to provide our client with adequate care and attention working from a distance or have the local knowledge to make referrals. It is best practice to have considered carefully the levels of support we can offer effectively from a distance, we should be clear with clients from the outset about what we are offering and have mutual understanding of what will or will not be offered in an emergency. Social media however can be used to provide useful information to clients to help find the additional assistance they require. See also *Good Practice in Action 047: Working Online.*

If we do offer therapeutic sessions online, then it is vital that we have contingency plans for site and internet outages so that if our client needs us and our tools are unavailable, they have other means of reaching us. In addition, we should ensure we obtain informed consent with each of our clients to working in this way.

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3.4 What responsibilities do we have regarding client confidentiality when using social media?

The use of online technology and social media requires the transmission of data online. This act in itself makes data vulnerable. Regardless of the tool chosen to transmit data, security and confidentiality of information online cannot be guaranteed. So, it is important to report and discuss such data vulnerabilities with clients choosing to work with us in this way. When transmitting personally sensitive therapeutic data it is best to use platforms and media that meet the security standards required for healthcare. In addition, we should ensure that any devices we utilise to access client data have good practice safeguards against intrusion by third parties including: adequate password protection and encryption of services being provided, regularly updated firewalls, virus protection or other applicable security systems and provide suitable information to service users to enable them to protect their end of the communications. See *Good Practice in Action 047: Working Online* for more information.

3.5 What legal or regulatory concerns exist with social media use?

Social media crosses geographical boundaries so easily that they pass unnoticed. This can be deceptive.

Significant boundaries may exist so far as the law is concerned. If we choose to work with clients who are based outside our own country, we need to be aware of the law both in our country and also the country in which our client lives. It is possible that we might not be legally permitted to counsel or offer other services to our client without meeting the requirements of that country's regulatory bodies. In addition, cross-border services may also not be covered under insurance. Our professional liability insurance may not cover us for work overseas or in specific countries. It is also possible that if our work is being funded by our client's health insurance that they have restrictions on services being provided from outside their country. We will need to check with the relevant insurance companies about coverage before initiating services.

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3.6 Is it OK for me to Google my clients?

Possibly – but usually only with their consent and in consideration of how this fits with our understanding of the *Ethical Framework*, which asks that we 'build an appropriate relationship with clients by: respecting the boundaries between our work with clients and what lies outside that work' (Commitment 4c, see also Good Practice, point 21).

We should ask explicitly for our client's consent before searching online for information. This is particularly important if we are participating in online sessions with our client. We will need to consider, however, the impact that the search might have on our therapeutic work and our objective judgement of our clients and what they are presenting to us (Giota and Kleftaras, 2014). For example, if we Googled one of our clients and came across their Twitter feed, reading it might introduce a bias into our practitioner-client relationship and cloud our objectivity.

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