



**The British  
Psychological Society**  
Promoting excellence in psychology

 **Division of  
Clinical Psychology**

## e –Professionalism

Guidance on the use of social media  
by clinical psychologists



## Summary – Recommendations

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- Social media represent a revolution in communication between individuals and organisations. They present significant opportunities to promote and develop the profession and service user experience. Social media also present some potential challenges with respect to maintenance of appropriate professional boundaries since, by their very nature, they facilitate less restrictive interaction.
- Clinical psychologists should not transmit any service user identifiable information via social media without explicit permission from the service user to publish the material online.
- Clinical psychologists should be aware that standards of personal conduct apply to use of social media and, as such, should always consider the appropriateness of material submitted to social media and are strongly advised to use (and monitor and update regularly) privacy settings to restrict access to social media which contains personal material. This could also apply to family members.
- If clinical psychologists interact with service users via social media they should communicate clearly with regards to the nature of the relationship. Interaction with current or former service users via social media in a personal/social capacity should only be undertaken with caution and after careful consideration of the relevant professional and ethical issues.
- Interactions between colleagues within professional and educational settings can also raise issues and dilemmas particularly where there are power imbalances and an evaluative component. It would be expected that individuals and training courses would ensure that this is addressed transparently and reflectively.
- Whilst conducting research using social media has many advantages and is to be welcomed, there are some practical and ethical issues that can arise, which may require advice from more experienced colleagues.

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# Introduction

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This guidance is designed to help both qualified clinical psychologists and trainees to positively engage with social media whilst also adhering to standards of professional and ethical conduct. The guidance works from a broad stance given the rapid proliferation and wide range of social media, queries raised within the profession, and examples of concerns coming from the HPC and other professional groups.

The aim is to strike a balance between alerting psychologists to the issues within social media in relation to personal/professional boundaries and highlighting the potential benefits of social media to service users, clinicians and researchers.

Psychologists are advised to use this document to provide pointers and guidance to assist them in making decisions about how to incorporate social media within their lives. They are also advised to

- refer to any guidance from their employing authority on this matter;
- gain advice from senior colleagues and, where client confidentiality is an issue, the local Caldicott Advisor;
- consult the Health Professions Council (HPC website);
- consult the BPS/DCP office with specific questions;
- the BPS Ethics Committee has also produced supplementary guidance on the use of social media (BPS, 2012).

For convenience, the guidance has been separated into five broad issues relating to the use of social media.

1. Service user confidentiality.
2. Personal material transmitted via social media.
3. Interaction with service users via social media.
4. Interactions between colleagues within professional and educational settings.
5. Research.

## What are social media?

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Social media employ mobile and web-based technologies to create highly interactive platforms via which individuals and communities share, co-create, and modify user-generated content (Kietzmann et al., 2011). The term 'social media' encompasses not just social networking websites such as Facebook and LinkedIn but also video and photo sharing sites such as YouTube and Flickr, micro-blogging applications such as Twitter and aggregator sites such as Digg and even virtual worlds. It is possible to categorise these in terms of the degree of self-disclosure and other factors (Kaplan & Haenlein, 2010).

The recent explosion of social media presents both new opportunities and challenges for clinical psychologists. Kietzmann et al., (2011) argue that 'social media introduce substantial and pervasive changes to communication between organisations, communities, and individuals' (p. 250). These changes create the potential for material to be transmitted to a very wide audience without the express consent or knowledge of the originator with

potentially damaging consequences. For instance, an ill-thought comment in the local pub after work may cause offence to one's colleagues; however, a similar comment posted online as a 'tweet' or on a Facebook page has the potential to cause distress to colleagues and service users, and damage to the individual's professional reputation and potentially to the profession itself.

On the other hand, the facility to interact with individuals across the globe who share similar interests and concerns has the potential to deliver huge benefits to service users, facilitate promotion of professional and research activities in addition to enhancing one's social life.

- There is evidence that its user friendly interface and popularity may facilitate the engagement of some 'hard to reach' client groups, such as adolescent men, or provide a means for social presence for people who have limited access or who struggle to manage face-to-face interactions.
- There is a developing area of e-therapy, websites for therapy and self-help, use of chat rooms.
- There may be a deliberate organisational drive to develop this medium as a means to communicate quickly and directly with others, such as the DCP's use of Twitter.

## 1) Service user confidentiality

By far the least ambiguous area in which to provide guidance is in relation to service user confidentiality in the use of social media. All clinical psychologists will be aware of their duty to protect service users' confidentiality in relation to material arising from clinical work. HPC *Standards of Conduct, Performance and Ethics* (2008) state that 'You must respect the confidentiality of service users' whilst the BPS *Professional Practice Guidelines* (2008) state that 'Clients are entitled to expect that the information they give to psychologists about themselves and others will remain confidential'. However, there have been a number of cases reported where health professionals have inadvertently breached client confidentiality in their use of social media. A survey of internet blog postings by health professionals, Lagu et al. (2008) found that individual patients were described in nearly half of all blogs and 17 per cent provided potentially patient-identifiable information.

It may seem hard to imagine how such situations could arise. However, in contrast to other media such as publishing a paper in a print journal, the nature of many social media is such that information is transferred between members of a discrete social network so easily and quickly that they can easily be treated in the same way as a chat with a colleague in a workplace or in a private telephone conversation. In other words, assumptions may be made that the interaction is entirely private, restricted to a small number of individuals and no trace of the conversation will remain. However, this is certainly not the case. The privacy setting on Facebook, for instance, might lead individuals to feel secure and both instant and asynchronous messaging (such as e-mail and private messaging on social networking sites) may appear a secure means to discuss confidential information. However, even with use of privacy settings, a record of communications remains that is potentially accessible by an unintended audience. It is important to bear in mind that discussing details of a service user's difficulties or behaviour, even without the explicit mention of their name, may still represent a breach of confidentiality because of the potential of identification.

Thus, social media are potentially publicly-accessible environments, irrespective of privacy

settings. It is therefore essential that clinical psychologists do not transmit any service user identifiable information via social media without explicit permission to publish the material online. Failing to observe this guidance is a breach of the HPC standards of conduct and, as such, is grounds for fitness to practice proceedings to be brought. The 2011 HPC annual report on fitness to practise reports has an example of one case (HPC, 2011).

## 2) Personal material transmitted via social media

A rather more grey area is the appropriateness of material transmitted via social media such as communicating personal opinions via Twitter or posting personal photos on Facebook. One point of view is that, whilst certain standards of professional behaviour are rightly expected within a clinical setting, these do not extend to one's social life in which individuals have a basic right to freedom. Most clinical psychologists would agree that maintaining a clear distinction between work and personal life is positive and that the definition of what constitutes appropriate behaviour differs between the two settings. However, it is important to note that the HPC *Standards of Conduct, Performance and Ethics* (2008) states that 'You must keep high standards of personal conduct, as well as professional conduct' and 'You must justify the trust that other people place in you by acting with honesty and integrity at all times. You must not get involved in any behaviour or activity which is likely to damage the public's confidence in you or your profession.' Furthermore, the BPS *Code of Ethics and Conduct* (2009) state that psychologists should: 'Avoid personal and professional misconduct that might bring the Society or the reputation of the profession into disrepute' (paragraph 3.1 (ii)).

It is therefore clear that there are certain expectations regarding the behaviour of clinical psychologists in their personal lives, including in relation to the use of social media. There is no clear, comprehensive definition of the 'high standards of personal conduct' referred to by the HPC. However, in practice, this is normally taken to mean not behaving in a way that would cast serious doubt about one's fitness to practice – for instance, dependence on illicit substances, engaging in physically violent or sexually abusive behaviour or engaging in abusive, racist or homophobic behaviour. It is important to note that the vast majority of HPC's fitness to practice cases relate to professional conduct within the workplace; of those relating to personal conduct, inappropriate relationships with service users and criminal convictions predominate. Posting photos of oneself in social situations such as at parties on Facebook or engaging with banter with friends, whilst potentially embarrassing if inadvertently shared with professional colleagues or service users, would not constitute grounds for fitness to practice proceedings, although the BMA *Guidelines for Using Social Media* (2011) mention an examples of photos that were posted on Facebook that did constitute grounds for disciplinary action.

However, it is also important to be aware that publishing comments which could be detrimental to one's employing organisation may represent a breach of terms of employment and could lead to disciplinary action. Disclosure of damaging information may be defensible in certain 'whistle-blowing' scenarios, such as uncovering abuse or malpractice, when such a disclosure is in the public interest. However, there are established 'whistle-blowing' procedures which should be followed as opposed to using social media in order that the concerns are investigated most effectively (Department of Health, 2010). Furthermore, if unsubstantiated comments transmitted via social media damage an

individual's reputation or the reputation of an organisation, this can amount to defamation, which could potentially result in legal action.

Finally, clinical psychologists and trainees should be aware of reports that employers are increasingly making use of social media as part of recruitment process (Peacock, 2009). Employers can make use of online content and several people have been dismissed for calling in sick when their Facebook profiles have shown them to be engaging in other activities or tired/hung over from the previous night out, whilst others have been disciplined or fired for making sexual comments about colleagues, saying how much time they waste or what they are able to steal from work.

Despite these risks, Thompson et al. (2008) found in a survey of medical students only one-third had used privacy settings on their Facebook accounts.

There are also some risks inherent within the use of social media where maintaining boundaries and ensuring privacy is of particular concern.

1. It is important to appreciate that the action of joining another's network gives them full access to one's own network and vice versa, allowing a view of all personal interactions.
2. Privacy settings can be complex and can change without warning; it is important to revisit these on a regular basis.
3. Where an individual has set up a professional site using one social network and a personal account in another it is still possible that there could be 'leakage' allowing information to flow between sites and to be distributed to 'unintended audiences'.
4. Despite appropriately set privacy settings it is feasible for a 'friend of a friend of a friend' to be able to raise concerns about someone's urgent mental health problems; this could be out of hours and feel invasive of one's private space (obviously this can, and does occur, without social media).
5. Family members also need to be aware of the possibility that clients may browse their online profiles for information about psychologists and potentially make contact, thus psychologists are strongly advised to ensure that their family members, particularly children, use privacy settings to prevent open access.

Clinical psychologists should be aware that standards of personal conduct apply to use of social media and, as such, should always consider the appropriateness of any material submitted via social media and are strongly advised to use (and monitor and update regularly) privacy settings to restrict access to social media which contains personal material. This could also apply to family members.

### **3) Interaction with service users via social media**

The relative ease of interaction provided by social media is, of course, one of their main attractions. There is no doubt that this has a wide range of potential benefits; for instance, a psychologist working within a specialist area may join a social network for other professionals working in that field within the UK or worldwide. This can facilitate dramatically faster development and dissemination of good practice and new research findings than traditional media and is thus undoubtedly in the interests of the profession and service users. Such networks may be exclusive to professionals but other networks,

such as those with a focus on a particular disorder, may be open to service users. It is both unrealistic and undesirable that the sharing of views, experiences and information in this way is restricted only to psychologists or other health professionals.

Social media also offer enormous potential to clinical researchers in terms of recruiting participants for research studies. Thus a researcher may establish a page on Facebook or other networking site to publicise their research findings to the general public and make contact with individuals interested in forthcoming studies.

Social media are increasingly used as a marketing tool by a range of organisations. Clinical psychologists may therefore opt to use social media on an individual basis to promote their own professional activities or contribute to an organisational profile.

It is certainly clear that social media have the potential to blur the boundaries of personal and professional relationships, with potentially negative effects. The British Medical Association has recently issued guidance to doctors advising them not to accept friend requests from current or former patients on Facebook or other social networking sites (BMA, 2011).

The Division of Clinical Psychology believes that an outright prohibition of all interaction with current or former service users is overly simplistic. Instead, it is recommended that if clinical psychologists interact with current or former service users via social media they should communicate clearly with regards to the nature of the relationship, making it explicit that this is in a professional capacity with the clear intent to communicate with service users by, for instance, maintaining separate profiles for their professional interests and their personal social life and making a statement on a networking profile fan page clearly indicating the purpose of their engagement in the particular network (e.g. 'I have established this profile specifically to facilitate my own professional interest in promoting care for clients with dementia. As such I am very happy to interact with professionals, service users and carers via this profile. Please note that this is a personal profile and not part of my role with St Anywhere's NHS Trust. If you have any queries about matters related to my work at the Trust please contact them directly.').

Interaction with current service users via social media would, almost certainly, represent an inappropriate breach of therapeutic boundaries, and as such a friend request from current service users should be politely declined. If clinical psychologists do interact with former service users via social media in a personal/social capacity then there are a number of issues which must be carefully considered. Firstly, it is clearly important to recognise that interaction via social media is within the same ethical parameters as other forms of interaction. The key principles of professional guidance are that the professional relationship and position of trust should not be exploited; the BPS *Code of Ethics and Conduct* (2009) states that psychologists should 'Refrain from engaging in any form of sexual or romantic relationship with persons to whom they are providing professional services, or to whom they owe a continuing duty of care, or with whom they have a relationship of trust' (paragraph 4.3 (i)). In addition to this clear prohibition, the principle of non-exploitation implies that clinical psychologists should refrain from accepting gifts of monetary value or accepting favours in kind from service users.

Furthermore, it would never be appropriate to enter into a social relationship with a former service-user who is a child; where clients are from a vulnerable or 'high risk' group

extreme caution would be expected, as there could be issues of abuse of power, consent, potential risks to the psychologist and others.

Finally, clinical psychologists should continue to be mindful of their duty in respect to service user confidentiality. If they were to accept an invite to join a former service user's social network (e.g. on Facebook), they would need to be extremely alert about the significant risk that they could inadvertently breach the service user's confidentiality in their interactions via social media. It is therefore advised that clinical psychologists exercise caution and carefully consider these issues before interacting with current or former service users via social media.

**If clinical psychologists interact with service users via social media they should communicate clearly with regards to the nature of the relationship. Interaction with current or former service users via social media in a personal/social capacity should only be undertaken with caution and after careful consideration of the relevant professional and ethical issues.**

#### **4) Interactions between colleagues within professional and educational settings**

The points that have been made in the section above could also apply about relationships with professional colleagues and managers, or between university staff and postgraduate trainees. Within this there are subtle differences and nuances (for instance, the situation where people may be both friends and colleagues) but in addition there is an evaluative component as one is the manager or supervisor/assessor of another. Meridian (2012) refers to unpublished research across a range of institutions that indicated a lack of guidelines available for trainees compared to those in professional employment and suggests that e-professionalism is especially relevant for students in professional training who have to deal with a blurred border between being a student and a professional identity, and feels it is even more so when the area of training is client centred as this requires special consideration of their own and clients' privacy and safety.

The DCP does not have specific guidance at this stage, but would have an expectation that clinical psychologists would be thoughtful about these issues and that they openly discuss them with anyone with whom they were in an evaluative role. The DCP recommends that clinical psychology training programmes find appropriate opportunities to educate and reflect on these issues with trainees and that staff in an evaluative role with trainees/colleagues are transparent about their own stance about the use of social media with colleagues.

Interactions between colleagues within professional and educational settings can also raise issues and dilemmas particularly where there are power imbalances and an evaluative component. It would be expected that individuals and training courses would ensure that this is addressed transparently and reflectively.



## 5) Research

It is now feasible and thus more common to use social media such as Facebook to advertise research studies and recruit participants. Whilst this has many positive aspects, there are ethical and procedural issues which should be considered.

The APA and BPS provide guidance on using the web for research as well as guidance about the use of web surveys.

There may be a requirement to gain ethical approval for using social media as part of some research and this may necessitate the submission of advertisement and the descriptions of recruitment strategies.

If recruiting via social media it is important to obtain any necessary permissions, e.g. from a site moderator before posting advertisements for research, etc. on public or even restricted sites, even when the researcher is a member, as there are often rules that are not necessarily very obvious unless the researcher asks.

As mentioned earlier, it is strongly advised that a separate profile is created on the relevant site to use for research purposes in order to keep the boundaries clear.

Whilst conducting research using social media has many advantages and is to be welcomed, there are some practical and ethical issues that can arise, which may require advice from more experienced colleagues.

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