

Mental Health Professionals and the Use of Social Media: Navigating Ethical Challenges

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Journal of Social Work Values and Ethics, Volume 17, Number 2 (2020)
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Abstract

Social media has become an integral method of human engagement. Over the previous decade there has been a significant increase with over 70% of Americans of all ages using various online media platforms such as Facebook, Twitter, Snapchat, Instagram and LinkedIn. What began as a vehicle for social communication has become a primary method of professional communication. Professionals and consumers have access to information and are now interfacing in ways that are both intentional and unintended. The mental health professional (MHP) is faced with challenges regarding the application of ethical principles in the context of ever evolving and pervasive social media. Nevertheless, it is the responsibility of the MHP to create and maintain appropriate relational boundaries intended to safeguard client welfare. The purpose of this survey research was to collect data about the scope and use of social media by mental health professionals.

More specifically, information about the MHPs' knowledge of potential risks, safeguards, and practices will be discussed.

Keywords: mental health, ethics, social media, boundaries, therapeutic relationship

Social media has become a primary method of human engagement. Social media is defined by Pham (2014) as "websites that use collaborative virtual applications that enable the creation, exchange, and broadcasting of online user generated content" (as cited in Campbell et al., 2016, p. 202). Over the previous decade there has been a significant increase with over 70% of Americans of all ages using various online media platforms such as Facebook, Twitter, Snapchat, Instagram and LinkedIn (Ventola, 2014). Of note, many individuals access these sites on mobile devices, which increase the ease and immediacy

of their use. People report that staying connected to family and friends is the primary driver for this engagement; however, shopping, romance-seeking, and discussing hobbies and politics are among other reasons for this use. What started as a vehicle primarily for social communication has become an essential method of professional communication as well (Jordan et al., 2014). Given the increased ease by which professionals and service users connect in a shared media space, social media has significantly transformed many professions, including mental health. In this context, professionals and service users have access to a wide range of information and are now interfacing in ways that are both intentional and unintended (Zur, Williams, Lehavot, & Knapp, 2009).

The authors of this study are using the term “mental health professional” (MHP) to identify individuals from various disciplines—social work, counseling, and psychology—who share in the provision of mental health services. Although these professional distinctions have relevance within their respective educational and training domains, in the marketplace, all mental health professionals are similarly charged with providing therapeutic service to those individuals suffering from emotional challenges and/or dealing with significant life events. In this context MHPs are increasingly turning to technology in their day-to-day work and finding benefits from its use (Van Allen & Roberts, 2011).

Technology allows for effective management of the multiple tasks associated with mental health practice, including scheduling appointments, transferring information, accessing data, and communicating with clients and colleagues. Additionally, through the use of technology, the MHP has a forum to discuss research-based material in an accessible manner, thus increasing public awareness regarding mental health concerns (Strom-Gottfried, Thomas & Anderson, 2014). The MHPs may also provide direct service to clients, consult with practitioners, and provide education and supervision while adhering to their respective ethical standards (Reamer, 2018). This engagement

is seemingly intentional and possesses clear, circumscribed boundaries. However, with more frequent online connection there is a risk of casual and uncertain contact (Lannin & Scott, 2013). Given this highly accessible, free flow of online information, the boundary between personal and professional information—between service user and service provider—has essentially been lost (Lehavot, Barnett, & Powers, 2010). Meaningful attempts to bifurcate the private and professional domains have been ineffective given the increased pervasiveness and fluidity of social media. This has resulted in ongoing ethical challenges for the MHP to negotiate (Ginory, Sabatier, & Eth, 2012; Lehavot et al., 2010).

Reamer (2018) discusses the ongoing challenges social workers face as they navigate and attempt to maintain professional boundaries with clients in this ever-changing digital landscape. Despite the difficulties, it is incumbent upon professionals to safeguard their personal material through mindful and calculated decision making regarding the websites they access and the content that they disclose (Reamer, 2018). Stanfield and Beddoe (2016) meaningfully contribute to this discussion in their study of social workers’ use of social media in New Zealand. The article highlights the challenges social workers face in presenting both their personal and professional identities in cyberspace. The philosophical underpinning—be it as an individual or tied to a larger organization—is an important driver in this decision-making process (Stanfield & Beddoe, 2016). Interestingly, the inevitability of the personal persona merging into a public identity and its potential influence on the broader profession is put forth (Stanfield & Beddoe, 2016). The authors further assert that although social workers are encouraged to employ technology in their work, much of social work education has been focused on social media and technology usage devoid of meaningful contemplation of their impact on the profession (Stanfield & Beddoe, 2016).

It has been and remains the responsibility of the MHP to create and maintain appropriate relationships with their clients. Given the power

differential that exists, clients may be vulnerable to perceived and/or actual mistreatment and exploitation (Taylor, McMinn, Bufford, & Chang, 2010). Although the perception of suitable boundaries may differ among professionals and be partially informed by theoretical orientation, it is nonetheless universally expected that the MHP protect client welfare and safeguard confidential and private material (Taylor et al., 2010; Zur et al., 2009). Within this expanding intersection of personal and professional engagement, indiscriminate self-disclosure is more likely and increases the risk of boundary crossing (Zur et al., 2009). It is when the boundary is lost that the clinical relationship has the potential to be emotionally threatening and violating to clients.

Outside of the therapeutic space, more points of connection between the therapist and client could increase the risk of compromising behavior, including financial, emotional, romantic or even sexual, all which are strongly prohibited; thus, avoiding additional association with clients reduces the potential for harm (Tunick, Mednick, & Conroy, 2011). It is the MHP's self-disclosure that may serve to blur the therapeutic boundary and should be undertaken only after considerable deliberation and when ultimately reasoned to be of benefit to the client (Zur et al., 2009). Within the field of mental health, "professional distance helps maintain safety for clients" (Taylor et al., 2010, p. 153), thus underscoring the importance of and justification for the establishment of clear boundaries. This expectation is informed by the standards of ethical practice governed by state and federal laws and clearly delineated by respective professional codes (Zur et al., 2009).

An additional complication in the social media landscape is that clients—present or former—may seek to "friend" or have a more casual relationship with the MHP. This level of online connection allows for increased access to personal content and boundaryless interaction (Jordan et al., 2014; Ginory et al., 2012). Therefore, allowing for this change in relationship status is ethically problematic and implies a more intimate

connection between the professional and client than should actually exist (Tunick et al., 2011). However, the refusal of this invitation may also pose significant ethical and therapeutic challenges. Some studies have indicated that MHPs often deal with this issue by ignoring the social overture or friendship request, believing it to be a more tactful and appropriate way to deflect this issue (Ginory et al., 2012; Taylor et al., 2010). However, given the powerful relational context that exists, the MHPs' ignoring or refusal of this request may engender complex emotional reactivity. Studies have found that humans are hard-wired to avoid social rejection and instead seek opportunities for connectivity (Leary, 2015). Thus, interpersonal rejection engenders a cascade of significant negative feelings which may be especially pronounced in those individuals suffering from depression, anxiety or other mental health challenges (Leary, 2015). The client may experience increased feelings of hurt, loneliness, sadness and anger from the perceived dismissal by a professional deemed to be a trusted supporter, which complicates the therapeutic relationship and jeopardizes treatment efficacy and outcome (Taylor et al., 2010; Zur, 2012).

In today's social media climate, it has been found that MHPs are frequently vetted by current or potential service users to better understand the provider and evaluate the services being offered (Williams, Johnson, & Patterson, 2013; Zur et al., 2009). Material accessed online may include deliberate or intentional posts in addition to information that is unintentional. Regardless of the intent, however, any and all information posted online may be accessible to both colleagues and clients alike (Williams et al., 2013). When using social media, patrons are essentially posting information without clear control over its distribution, viewership and ultimate destination. Given this reality, there is an ever-increasing risk of clients viewing service provider-posted material that they deem to be unappealing or distasteful. This inappropriate online content may significantly harm the provider's professional image. Material regarded as unseemly may be erroneously construed

as a stable aspect of the professional's personality with the potential to disrupt and undermine the therapeutic alliance (Hofstetter, Ruppell, & John, 2017). Of concern, digital information is considered permanent and impossible to completely erase (Hofstetter et al., 2017). It is, therefore, the responsibility of mental health professionals to post material with intentionality, periodically review their media content, and ongoingly safeguard their professional identity.

Even on a large institutional or macro-level, the firewalls that have been developed to protect confidential information—financial, banking, private health information, legal records—have been shown to be penetrable (Denning & Denning, 2016). For example, in recent years, cybercriminal activity is commonplace as evidenced by the large-scale breaches that have occurred (Wolff, 2016). Noteworthy examples include the 2013 Target financial data breach and the ongoing questions surrounding misinformation disseminated through Facebook and other social media during the 2016 presidential campaign. Of particular relevance to mental health are the Personal Health Information (PHI) breaches that have occurred throughout the country (Denning & Denning, 2016). Additionally, malicious content is spread at an unprecedented rate and scale. Given this reality, it would be wise to regard information as vulnerable, regardless of system-wide privacy settings and safeguards used. With a simple push of a button, content can be seamlessly accessed, transmitted and misused.

Each respective mental health profession, be it counseling, psychology or social work, has specific ethical guidelines. Scholars and experts in these fields have sought to apply relevant standards to social media's ever-increasing and expanding force in human engagement. The fundamental issues of confidentiality, boundaries, and dual relationships have been cursorily discussed, but not sufficiently explored. The exception is ethical edicts put forth by the National Association of Social Workers (NASW) which offer rules specific to social media (NASW, 2017). The NASW Code of Ethics requires social workers to take the necessary

steps to become informed and proficient in the use of technology in their service to clients. Social workers are responsible for seeking information, training, and guidance to better understand relevant legal and ethical mandates that govern the use of social media (Reamer, 2013). However, as Zur and Donner (2009) maintain, it is difficult, or potentially unreasonable, to hold practitioners to professional standards when they are engaged in their personal lives. Nonetheless, given the blurring of the personal and professional domains in the current technological space, there are continuing ethical challenges faced by practitioners requiring ongoing and specific guidance and support (Kaslow, Patterson, & Gottlieb, 2011). It is essential that practitioners better understand the complexity and pull of social media engagement to effectively manage their own behavior and understand the motivations of clients and others.

The allure of social media is powerful; social media companies have tapped into the uniquely human need to interact and share with others (Tamir & Mitchell, 2012). The process of communication often leads to some level of personal disclosure, which has important benefits but also carries inherent risks. Thousands of years of evolution have left humans seeking interpersonal connection, which is crucial for both physical and psychological well-being (Pietromonaco & Collins, 2017). Research has shown human connectivity has a positive effect on the immune system and is associated with lower risk for anxiety and depression (Pietromonaco & Collins, 2017). It is important to consider that personal disclosure is inherently gratifying; it has been theorized that a specific area of the brain—the mesolimbic dopaminergic pathway—is activated by self-disclosing, which creates a reward value for the discloser (Tamir & Mitchell, 2012). Interestingly, the human need for self-disclosure and interpersonal connection is juxtaposed with the competing need for privacy. Privacy is considered a requirement for healthy identity development that is separate from the space of social influence and expectation (Zurbriggen, Hagai, & Leon, 2016). Privacy allows people to individuate and

develop personal thoughts, beliefs, and positions (Zurbriggen et al., 2016). This psychobiological reality leaves people in the position of ongoingly negotiating these contradictory needs, namely self-disclosure and privacy.

During direct human engagement decisions are continually made regarding the level of disclosure that is appropriate to the situation based upon non-verbal cues of acceptability from the receiver (Millham & Atkin, 2018). Significantly, social media engagement serves to encourage increased disclosure of the user's private thoughts, experiences and beliefs through text and photos devoid of receiver response. Suler (2004) has proposed the notion that an online disinhibition effect may influence the social media user's behavior. Disinhibition generally is described as a lack of restraint manifested in disregard for social conventions, increased impulsivity, and poor risk assessment (Casale, Fiovaranti, & Caplan, 2015). Specifically, online disinhibition is a psychological condition where people engaged through a social media platform self-disclose more frequently or intensely, feel less restrained, and express themselves more openly when compared to face-to-face interactions. It is anticipated that without immediate cues from the environment, self-disclosure may occur more liberally and without restriction. Frequent online use may serve to increase the probability of this type of disclosure. Additionally, it has been found that this type of disinhibition may occur more frequently with individuals who are female or younger in age, and those with emotional challenges and poor interpersonal competence (Casale et al., 2015).

Methods

To date there has been limited information on mental health professionals' use of social networking sites, their engagement in social media, the MHPs' knowledge of this technology, previous education/training experiences and whether attempts are made to restrict or safeguard online information. To examine these questions, an exploratory online survey was conducted from alumni directories and registries of professional organizations.

This study was granted approval by Edinboro University of Pennsylvania's IRB Committee prior to data collection. The survey was anonymous and limited collection of identifying information occurred. Those respondents who wished to participate were directed to the survey site (SurveyMonkey) to complete the informed consent before participation. Survey participation was completely voluntary, and discontinuation could occur at any time without penalty. There was no financial compensation for study participation. To publicize the study and secure recruitment, an email advertisement was sent to alumni from the counseling and social work programs at Edinboro University and posted on the Pennsylvania Psychological Association's online forum.

The online questionnaire was developed specifically for this exploratory study using descriptive statistics to aid in the understanding of social media engagement among mental health professionals. The 18-question survey included both qualitative and quantitative multiple-choice parameters taking about ten to twelve minutes to complete. The survey captured general demographic information, social media use, and online experiences. It should be noted that a number of respondents left specific questions unanswered, resulting in the number of respondents for a specific item not equaling the total number of respondents.

Demographic Statistics

Survey participants were professionals in the areas of psychology, social work and counseling. Participants attested to holding a license or being credentialed in their respective profession. Respondents were excluded from the study who did not meet the designated professional requirement.

Of the 128 participants, 32 identified as psychologists, 32 as social workers and 23 as counselors. In terms of educational degree status, 102 (79.7%) were trained on a master's level and 26 (20.3%) reported a doctoral degree. Thirteen (10.2%) were men and 112 (87.5%) were women. Three participants declined to report a gender. With respect to ethnicity, 114 (89.1%) identified as European American, eight (6.3%) as African

American, two (1.6%) as Latino American, two (1.6%) as multiracial; two participants (1.6%) preferred not to answer. The age of the participants ranged from 24 to 74 years. The plurality of respondents (43%; $n = 55$) were 25 to 34 years of age, with 27.3% aged 35 to 44 ($n = 35$), 14.1% aged 45 to 54 ($n = 18$) and 10.2% aged 55 to 64 ($n = 13$). Most of the respondents (60.9%; $n = 78$) were from Pennsylvania. Participants were also from Arizona (3.1%; $n = 4$), California (1.6%; $n = 2$), Colorado (1.6%; $n = 2$) and Washington state (1.6%; $n = 2$). The largest number of respondents worked in mental health agencies (24.2%; $n = 31$). Twenty-eight respondents (21.9%) worked in private practice and 15 (11.7%) in hospitals.

Results

The majority of respondents (90.6%; $n = 116$) reported using and maintaining a social networking presence. Overall, 46.1% ($n = 59$) reported using social networking sites for personal reasons, 39.8% ($n = 51$) for both personal and professional purposes and 4.7% ($n = 6$) for professional purposes only. Only 5.5% ($n = 7$) of respondents were not using social media currently and 3.9% ($n = 5$) never had. A chi-square test of independence was performed to assess the relation between level of education and participants' reason for using social media. The relation between these variables was significant,

$\chi^2(4) = 13.2, p = 0.01$, indicating that participants who had doctoral degrees were disproportionately represented in the group of participants who had never used social media.

When looking at the preferences of social networking platforms, Facebook was used by 78.9% ($n = 101$) of respondents, Instagram was used by 42.2% ($n = 54$), with LinkedIn and YouTube each endorsed by 40.6% or 52 of the respondents. Twitter was used by 21.9% ($n = 28$) of respondents. Masters level professionals ($M = 3.37, SD = 2.29$) and doctoral level professionals ($M = 3.35, SD = 2.65$) did not differ significantly on the number of social media sites used, $t(126) = .051, p = .960$. Results of a chi-square test of independence indicated that there was no association between participants' profession and the ways in which they used social media sites, $\chi^2(32) = 26.235, p = .753$. Similarly, ANOVA results showed no differences between professional groups in terms of the number of sites used, $F(8, 111) = 4.99, p = .556$.

The topics of information shared by respondents included 60.2% ($n = 77$) who shared family matters/issues, 52.3% ($n = 67$) who posted about celebrations/events and 24.2% ($n = 31$) who posted on politics. Other issues included 14.8% ($n = 19$) discussing health-related concerns, 9.4% ($n = 12$) discussing emotional/ psychological struggles, 9.4% ($n = 12$) discussing diet/exercise/

Table 1: Distributions by Profession

	N	Mean	Std. Deviation	Std. Error	95% Confidence
					Lower Bound
Psychologist	27	3.4444	2.62141	0.50449	2.4074
Professional	9	3.2222	1.39444	0.46481	2.1504
Counselor Mental	5	3.2000	1.09545	0.48990	1.8398
Health Counselor	2	7.0000	1.41421	1.00000	-5.7062
ADA Counselor	3	4.6667	1.52753	0.88192	0.8721
Rehab Counselor	13	2.6154	2.32875	0.64588	1.2081
Clinical Social Worker	1	4.0000	-	-	-
Marriage and Family	51	3.4118	2.60903	0.36534	2.6780
Practitioner Social Worker	9	3.2222	2.10819	0.70273	1.6017
Total	120	3.3917	2.40202	0.21927	2.9575

weight; religious beliefs and practices were offered by 12.5% ($n = 16$) of the respondents. Eighteen percent of respondents ($n = 23$) reported not sharing information on any of the topics identified. In terms of images, photos of children and family were the most frequently endorsed, with 55.5% ($n = 71$) of participants indicating that they posted pictures of this type. The second most frequently endorsed types of photos were those of self (53.1%, $n = 68$) and those of pets (52.3%, $n = 67$), while 38.3% ($n = 49$) posted pictures of their partners. In terms of photos of themselves, 53.1% ($n = 68$) reported posting pictures of their self/face, 43.8% ($n = 56$) posted full-body pictures in casual wear, 18.8% ($n = 24$) in professional attire and 0.8% ($n = 1$) posted images of their body in swimwear or lingerie.

The majority of respondents endorsed efforts made to increase the confidentiality of their material, with 80.5% ($n = 103$) utilizing privacy settings and 53.1% ($n = 68$) limiting posts to their designated circle of friends. Furthermore, 25.8% ($n = 33$) endorsed only posting material to specific sites. Only 2.3% ($n = 3$) desired not limiting access to their material.

Ninety-seven respondents (75.8%) reported feeling comfortable with what they had posted online. However, 5.5% ($n = 7$) had worries about information or images they had posted. Fifteen respondents (11.7%) reported having made online posts that they did not want clients to view. Five respondents (3.9%) did not want employers or supervisors to view some content posted, while only 1.6% ($n = 2$) did not want colleagues to view the material.

In looking at problematic issues that have been experienced by respondents with a social networking presence, 52.3% ($n = 67$) had been friend requested by a client and 10.9% ($n = 14$) by a client's family member. Furthermore, 8.6% ($n = 11$) accessed social media information about a client either purposefully or inadvertently. Other problematic issues offered by the survey respondents included:

“Online chat with a client that became threatening.”

“Inadvertent client information was posted.”

“A client in an inpatient facility was accessing my personal information.”

The qualitative comments offered by survey participants showcased the salient pitfalls of MHPs' social media engagement, namely boundary crossings and privacy concerns. Yet 27.3% ($n = 35$) of respondents reported no problematic issues related to social media use.

No significant relationship between the number of years worked and the number of sites used was observed, $r(125) = -.057$, $p = .521$, nor the number of types of problems encountered with clients online $r(125) = .126$, $p = .159$.

When asked about the ethical issues that they believed existed in the use of social media, the majority of respondents (60.2%, $n = 77$) endorsed unintended consequences within the therapeutic relationship given the blurring of the boundary between a personal and professional relationship. A large group of respondents (57.8%, $n = 74$) worried that social media engagement may foster the client's misconception of the professional's accessibility and availability. Over half (50.8%, $n = 65$) of respondents believed that social media leads to greater disclosure—intentional and unintentional—for both parties. A smaller group (13.3%, $n = 17$) of survey respondents reported no concerns about increased ethical challenges in the use of social media.

When asked whether the respondents had received education or training specific to ethical practice in use of social media, 40.6% ($n = 52$) reported that they had had training in continuing education and 33.6% ($n = 43$) claimed that some information was covered in graduate coursework. Two areas that were also cited by respondents as providing some information on this topic were clinical supervision (26.6%, $n = 34$) and practicum (20.3%, $n = 26$). Notably, 28.1% of respondents ($n = 36$) had not received any education or training regarding ethics and the use of social media.

Discussion

This study is noteworthy given the fact that there are approximately 250 million social network users in the United States, and for many, it is part of their daily routine (Pew Research Center, 2019). In terms of media platform choice, Facebook and YouTube are the most widely used. Roughly three-quarters of Facebook users—and around six-in-ten Instagram users—visit these sites at least once a day (Pew Research Center, 2019). Social media has become an integral method of human connection and this system of communication is anticipated to increase.

In this study, we have called attention to two related clinical issues associated with social media use: the therapist's disclosure of personal material and the therapist's navigation of online interactions with clients. Results from this exploratory survey highlight the challenges practitioners face in negotiating their ethical responsibilities within the social media landscape. The majority of practitioners in the survey (90.6%; $n = 116$) use social media platforms for personal or professional purposes. Although many reported making some attempts to protect their personal information, a large proportion of respondents still reported experiencing problematic situations. Despite the fact that there have been some updates to the ethics standards and more training opportunities available, the results of the survey show that many MHPs have not received adequate education or training on this topic, which may impact their professional conduct.

The internet, social media and other areas of technology have a powerful influence over cultural patterns, including human interaction and communication and thus the practice of mental health; this influence necessitates that professionals receive substantial education and training specific to best practices in terms of privacy standards, professional boundaries and ethical conduct. Additionally, we recommend that MHPs be informed of the social and neurobiological factors that drive social media engagement. Understanding the evolutionary framework and reward factors that move people to connect and ultimately

disclose provides a more sophisticated and textured understanding of social media behavior. This would inform decision-making specific to the proactive development of appropriate therapeutic boundaries, and, when necessary, inform therapeutic interventions to address potential transgressions. Finally, social media is part of an ever-changing technological landscape requiring that professional organizations continually update ethical guidelines and provide instructional programming to meet these challenges. It is suggested that this area of competence be ongoingly addressed to ensure that the practitioner is acting in accordance with relevant ethical standards. Social media literacy and the application of ethical standards should be taught as part of graduate coursework in mental health, reinforced in clinical practicums, and infused into the continuing education curriculum.

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