



**B**ETWEEN POSTING VACATION PHOTOS ON Facebook and “tweeting” real-time information, private life can become quite public. But public versus private is not the only distinction becoming murkier as more of life is lived online. For people who work in the mental health and addiction fields, professional versus personal boundaries are also blurring.

It’s a trend that prompted Crisis Response Services Kenora Rainy River District to develop a new technology and ethics policy after program co-ordinator Kyla Storry got a Facebook friend request from a client. “I explained to him in person that our relationship is a professional relationship only, and that doing things like adding him on Facebook to my personal page is definitely outside of the ethical boundaries of the client-therapist relationship,” she says.

By clarifying that client contact should be job-related and take place during working hours, the policy ensures that staff are clear

about what’s appropriate online. “That gives them the ability to clearly state to a client that it’s not appropriate and the reasons why,” Storry says.

The Centre for Addiction and Mental Health in Toronto has also recently amended its policy on therapeutic boundaries to include a statement about technology. “It is basically a caution to staff, saying that they need to be mindful of the use of technology and social networking sites,” says Jane Paterson, deputy chief of professional services. “We want people to think about such issues and not put themselves in compromising situations.”

Applications such as Internet dating sites that may be used by care providers and their clients are just one example of new ways in which the boundaries between the personal and professional can shift. “Twenty-five years ago that wasn’t a possibility,” says Paterson. “But technology raises different ways in which boundary violations may occur.”

Dr. Jeffrey Barnett, a psychologist in independent practice and a professor at Loyola University in Baltimore, Maryland, says online friend requests might not seem like a boundary issue to younger clients, for whom social networking seems to be second nature. “It’s how they communicate,” says Barnett.

But friend requests are only one form of online interaction that clients and therapists may run into, either deliberately or accidentally. Clients may seek out information about therapists on the Internet, with or without their knowledge. These searches can range from appropriate curiosity about a therapist’s background and research interests, to the alarmingly intrusive.

Barnett recommends using the highest privacy settings on social networking sites, and being mindful that whatever is out there might be viewed by clients. He also recommends a proactive approach to controlling information online. One good way to do that is to have a professional website with all the information you think clients should have – photo, credentials, type and location of your practice. “If your website answers a lot of the questions potential clients have about you, then they might not search much more,” Barnett says. “If there’s a void, they will keep looking.”

But Barnett notes that some online information is not under our control. “I have a colleague who was in a community 10k race and someone took a picture of her crossing the finish line,” he says. That picture is on the website of a running club, so when clients Google her, they not only get her professional credentials, but also a photo of her in sweaty running clothes. “That’s not necessarily a bad thing,” Barnett says. “It just highlights that this line between professional and private that used to exist is evaporating, and we have to be cognizant of that.”

An article in the *Journal of the American Medical Association* last September, which documented inappropriate Internet activity by medical students, resonated with Barnett, who says new graduates have grown up online and often don’t differentiate between personal and professional. “This is how they communicate and live, and they need to be indoctrinated in the role of the professional,” says Barnett. For example, he had to speak to a student about a suggestive e-mail address – something along the lines of

sexydiva3@hotmail.com. “We had to talk about why that might not be appropriate for e-mailing clients,” he says.

When University of Washington graduate student Keren Lehavot surveyed graduate students (most of whom were student therapists), she found that a substantial number used social networking sites. Two-thirds of the MySpace users used their real names on the site, but only 60 per cent limited access to their online information. About one-third had posted photos or personal information they said they wouldn’t want clients to see.

Lehavot also found that while 7 per cent of the student therapists said they knew clients who had retrieved therapist information online, 27 per cent had checked online information about clients.

Barnett has concerns about checking up on clients. “Are we violating their trust if we start searching for them online?”

That’s one of the questions Dr. Keely Kolmes, a psychologist in private practice in San Francisco with a background as a computer consultant, is exploring. For younger, Internet-savvy therapists, it may seem natural to search for information about clients. Kolmes and her colleague Dr. Dan Taube at Alliant International University in San Francisco are surveying psychotherapists about their experiences with finding client information – accidentally or deliberately – on the Internet.

“I was curious to discover the frequency of encounters that people were having online with their clients, and what the impact was on the clinical relationship,” says Kolmes. “We’re hearing that this is an issue, and that it feels different than encountering patients offline outside of therapy.” Kolmes plans to report the findings in March. (Visit [www.drkkolmes.com/blog](http://www.drkkolmes.com/blog).)

In her own online life, Kolmes was an early Internet adopter and has had a personal presence online since 1993. “My professional presence feels newer to me,” she says. “But I felt like I really needed to create a distinct professional identity on the Internet because I feel strongly that there’s a need to separate the two.” While maintaining that separation can be challenging, Kolmes says it is worth the effort to maintain personal space and a personal life. “It’s like the difference between my home and my office,” she says. ■

## Be an online-savvy practitioner

Dr. Keely Kolmes, a licensed psychologist in private practice in San Francisco, often fields questions about online boundaries from other clinicians. Her top recommendations for life online:

- **Take responsibility for your web presence.** Use two different e-mail addresses and be mindful of who you share each with. Google search your personal and professional information occasionally to see if your identities cross paths.
- **If you use social networking, make distinctions between your professional and personal use.** Keep in mind that anything you put online might be seen by a wide audience, and assume that online means permanent – even if you delete it, it’s still out there somewhere.
- **Understand and use privacy settings depending upon how you use social media.** Therapists who aren’t tech savvy may not be aware of how much they are revealing.
- **Continue to get consultation on clinical and ethical issues when they arise.** Document your consultations.
- **Develop a social media policy for your practice.** Make sure clients understand your policy. Include it in informed consent and discuss it with clients.

## How to avoid close encounters of the online kind

Search engines and social networking dominate discussions about online boundary issues. But Dr. Keely Kolmes notes other places where therapists and clients might cross paths electronically.

- Professional networking sites such as LinkedIn can be more of a gray area, but keeping your profile and contacts non-public is wise.
- If you have a professional blog, be sure that case comments don’t identify clients – even to themselves. Consider the ramifications of allowing comments on your blog: What would be the effect if your clients left comments?
- Mailing lists. You and a client may have a shared interest or issue, and may turn up on the same e-mail list.
- Online dating sites and personal ads are another potential point of extra-therapeutic contact.
- When buying or selling items on sites like Craig’s List, don’t use your professional e-mail address.
- Some therapists have found their practices turning up on review sites such as HealthGrades and Yelp, even if they didn’t request a listing. This can be an ethical problem because it might be interpreted as a request for client testimonials.



**In your clinical practice** do you see the Internet blurring boundaries between your private and professional lives – either intentionally or accidentally?

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