Chapter 9

Technology, Social Media, and Online Counseling

Martin Jencius

One of the most dramatic changes we have seen in the counseling land-scape over the last decade has been the development of technology. Advances in technology and their impact on how we practice counseling have occurred so rapidly that professional codes of ethics have not been able to keep pace. Two decades ago, the *Code of Ethics and Standards of Practice* (American Counseling Association [ACA], 1995) contained only one relatively brief standard related to technology applications (Standard A.12.). A decade later, in 2005, this standard was expanded considerably to address a number of specific ethical considerations in using technology; technology and computing issues were also mixed throughout the document. However, the 2005 *Code* contained no standards related to social media in counseling, as it was just an emerging platform at that time.

The development of Web 2.0 technologies (social networking, micro-blogging and blogging, synchronous messaging, virtual worlds) began to come into prominence in 2004 with the development of Facebook and similar social networks. Social media includes sites such as Facebook, MySpace, Google + (social networking), Twitter (microblogging), Blogger and Wordpress (blogging), Yahoo Messenger, WhatsApp, Viber, Kik (synchronous messaging), and Second Life (virtual worlds). The growth in the use of social media has been exponential since Web 2.0 platforms became available. People spend approximately 25% of their online time using some form of social media (Shallcross, 2011). As of September 2013, Facebook had 728 million daily active users and 1.19 million monthly active

users (Facebook, 2013). Twitter had 100 million daily active users with 500 million tweets sent per day (C. Smith, 2013). WhatsApp, a popular new global instant messaging system purchased by Facebook in February 2014, has more than 350 million users. Second Life, a virtual world environment where members can take on lifelike avatars, has more than 36 million registered residents, with 12,000 new daily signups and 1 million active users (SecondLife.com, 2013).

The 2014 *ACA Code of Ethics* (ACA, 2014) addresses social media as a new platform and emphasizes informed consent and the need for counselors to develop a social media policy. The new *Code* reflects the shift from stand-alone computing, where the counselor or client works on an isolated computer, to interconnected services where the counselor and client can have access to a social world or interactions. Counselors are now provided with the opportunity "to deliver services remotely, eliminating many of the limitations imposed by an office-based environment" (Harris & Younggren, 2011, p. 413). The *Code* places emphasis on the virtual relationship between counselor and client and how counselors can safely maintain a virtual presence.

Section H of the *Code* contains standards that are very direct and unambiguous with regard to the use of technology, relationships established through computer-mediated communication, and social media as a delivery platform. Major subsections in Section H address competency to provide services and the laws associated with distance counseling, components of informed consent and security (confidentiality, limitations, and security), client verification, the distance counseling relationship (access, accessibility, professional boundaries), maintenance of records and accessibility of websites, and aspects of the use of social media.

A host of ethical and legal issues are associated with these new technologies. Issues such as self-disclosure, confidentiality, and relationship boundaries can become more complicated when technology is involved, and counselors are challenged to make ethical decisions about ways of delivering services via the Internet.

Concerns Related to Distance Counseling and Social Media Use

Professional literature that has appeared since the last revision of the *ACA Code of Ethics* (ACA, 2014) has addressed general ethical concerns regarding online counseling and social media as well as applications of ethically sound practice using technology. Manhal-Baugus (2001) provided one of the earliest historic overviews of ethics and online e-therapy, inclusive of services via email, video conferencing, virtual reality technology, and chat technology. Manhal-Baugus examined the then-current ethics codes of the ACA, National Board for Certified Counselors (NBCC), and International Society for Mental Health Online with an emphasis on confidentiality,

establishing relationships, legal considerations, informed consent, competence, structure of services, initial screening, records maintenance, and emergency procedures. Shaw and Shaw (2006) surveyed websites of therapists who were advertising e-therapy to assess whether they included ethical content for client care using the Ethical Intent Checklist. The Ethical Intent Checklist includes items that address full disclosure of the counselor's name, state of practice, location and contact information, licensure, and degree(s) and the college where they were obtained. The checklist also screens for website statements that tell prospective clients that online counseling may not be appropriate for them, that it is not the same as face-to-face counseling, instances when confidentiality can be breached, and referral suggestions for clients. Shaw and Shaw also looked for statements on websites that indicated the existence of an intake procedure before counseling would begin; that the client would have to execute a waiver about online services; and that client information on location, age, and date of birth would be confirmed before proceeding. They reviewed 88 sites and found that less than half of the online counselors were following the accepted practice on eight of the 16 items.

Finn and Barak (2010) surveyed online counselors from a variety of professional backgrounds regarding their experience with legal and ethical issues. Although concerns were varied, issues that were raised included confidentiality, consumer identity, mandatory reporting, at-risk clients, and practice jurisdiction. Similar findings were reported by Kaplan, Wade, Conteh, and Martz (2011), who reviewed the legal and ethical issues surrounding social media in counseling. They identified boundary, confidentiality, confirmability, and informed consent issues as possible concerns for counselors who use social media with clients. Kaplan and his colleagues also surveyed state licensure laws to determine which state laws address counselor use of social media in practice and if it is condoned or forbidden. At the time of their research, four states did not specifically support electronic communication under their scope of practice, 10 states had guidelines that regulated it, and 24 states reported the absence of any law or rule addressing the use of the Internet with clients.

The Online Therapy Institute (OTI; 2010), established by Anthony and Nagel, offers a framework for the ethical and legal use of social media by mental health professionals. OTI addresses issues related to social media that are relevant to client care, including confidentiality, multiple relationships, personal client testimonials, informed consent, not disclosing confidential information, not contacting through public forums, and documentation of client records. The OTI website also discusses social media interactions and encourages taking care when making posts that could be read by nonprofessionals, dealing with friending and follow requests, and utilizing search engines for collecting client information. OTI cautions practitioners to work within their scope of practice and know the specific laws related to Internet services in their own and their

clients' jurisdictions. It is recommended that practitioners seek training in a variety of forms, including formal training, informal training (conferences and workshops), books, peer-reviewed literature, and clinical consultation.

Another trend in the literature related to ethical issues in social media and distance counseling has been to attempt to identify what constitutes ethically sound practice. Alemi et al. (2007) demonstrated the effective use of therapeutic emails to substance abuse clients. They provided examples of the structure and content of the emails and contended not only that the email platform did not interfere with the therapeutic success but that the content of the emails had the most impact on treatment. Bradley, Hendricks, Lock, Whiting, and Parr (2011) compared email communications of mental health counselors to the AMHCA and ACA ethical standards. They addressed the ways in which emails enhance the relationship and the practical ethical issues created by using this medium. Kolmes (2012) gave examples of psychologists using social media in marketing, use while off duty and on duty, as an adjunct for practice, and as a main means of provision of care. Kolmes also raised issues related to social media in clinical training and called for an updated ethics code for psychologists to reflect the change in social media use.

Other writers have addressed social media and online ethical issues from an organizational or educational frame of reference. DiLillo and Gale (2011) examined the ethical implications of graduate students using the Internet to access personal information about their clients. Although most students understood that the process of surfing for client information was unacceptable, 98% of them reported having searched for client information in the past year. DiLillo and Gale suggested that client privacy online be addressed as part of counselor preparation. In a similar vein, Cain (2011) identified a need for employee education and an organizational policy related to social media that would address privacy, productivity, and reputation in the organization. The consensus related to organizational use of social media is that proactive training of employees is needed in combination with the development of social media policies.

Ethical Concerns When Using Computer-Mediated Communication

In this section, suggestions are offered to counselors who want to ensure that their practices are ethically and legally sound when they use various technology applications.

Legal Considerations

Counselors need to consider their state jurisdiction and their client's state jurisdiction when determining the legality of providing computer-mediated

services. Regulations for providing and receiving Internet-based counseling services vary from state to state (Kaplan et al., 2011; NBCC, 2012). Of additional concern is the use of computer-mediated communication with minors and the varying state regulations regarding parental consent when working with minors. Federal regulations such as Health Insurance Portability and Accountability Act (HIPAA) call for protection of client information and for secure storage and transmission of mental health records. Counselors could potentially violate HIPAA regulations if they store and transmit files that are not encrypted (Kaplan et al., 2011). It is sound practice for counselors to seek permission from clients and to inform them of any potential risks involved when electronically transmitting case-sensitive information (NBCC, 2012); ensure that their software and services are HIPAA compliant; and offer a Business Associate Agreement, which states that they and their hired entities will abide by HIPAA regulations.

Competence

Before using technologies, it is recommended that counselors complete training that affirms their ability to provide services in the method and platform that they are using (Haberstroh, 2009). Harris and Younggren (2011) emphasize competence as a basic ethical issue when practitioners provide remote services:

> Competence in remote interventions will require considerably more knowledge of electronic communication portals than that used in traditional psychotherapy practice. It also requires a frank assessment of one's understanding of, comfort with, and competence to understand the electronic technologies one is utilizing. (p. 417)

From a risk management perspective, counselors need to demonstrate competence in both the services they offer and the technology they are using to render services. Online counselors should consider obtaining training through organizations such as OTI (onlinetherapyinstitute.com) and complete certificate programs such as the Distance Credentialed Counselor offered through the Center for Credentialing and Education (http://www.cce-global.org/dcc).

Boundaries

Kaplan and colleagues (2011) raise the issue of the potential for dual relationships to occur when counselors are using computer-mediated communication. Potentially, clients can be exposed to personal aspects of the counselor's life if they were to find a digital trace of the counselor's personal social media sites. It should be kept in mind, though, that not all dual relationships are harmful, and it is possible that a dual relationship

could enhance a client's wellness. Social media contact with clients has the potential to enhance and support client improvement. Having a clearly written social media policy for your practice can help to clearly define the boundaries. Although the boundaries of social media contact may be clear to the counselor, the client's understanding of appropriate boundaries may not be equally clear. Counseling professionals who use social media can support boundary limits by separating their personal digital footprint from their professional digital footprint. This includes keeping separate Twitter accounts, Facebook accounts, and email accounts for use with friends and with clients. Counselors need to be diligent in learning about security controls and know who is allowed access to their personal sites and contact information. It is important to keep in mind that clients may be curious about our private lives, so we need to take the extra step to learn how to lockdown permissions and secure our digital private lives.

For counselors who are considering using Facebook, a host of ethical concerns arise about boundaries, dual relationships, confidentiality, and privacy. In addressing the challenges practitioners are encountering in the digital age, Reamer (2013) comments on the boundary confusion that can ensue after friending clients:

> Clients who have access to social workers' social networking sites may learn a great deal of personal information about their social worker (such as information about the social worker's family and relationships, political views, social activities, and religion), which may introduce complex transference and countertransference issues in the professional–client relationship. (p. 168)

You will likely have to deal with friend or follow requests from a client or supervisee. How you choose to respond and the rationale for accepting or not accepting such a request may have implications for your client or supervisee relationship. Establish a social media policy that directly addresses what you will or will not do should you get a friend request from a client or supervisee, and then stick with your policy.

Accessibility Issues

Counselors are advised to be sensitive to the use of technologies that may create problems for clients who have sensory limitations (NBCC, 2012). Check the software you are using to ensure that it can be modified easily for those who have visual and auditory acuity problems. Both Windows and Mac computing platforms have user options that will assist those with accessibility issues in making changes to their screens for sensory accommodation. Software used for online counseling should adjust under those settings. The design of websites should be compliant under the Web Accessibility Initiative (W3C, 2012), and multimedia should be Section 508 compliant (HowTo.gov, 2013).

Screening and Verification

Counselors who practice online need to develop methods to verify the identity of their online clients, whether through face-to-face meeting, picture identification, or alternative methods of online verification. Once a client is verified, counselors screen for the appropriateness of online services for clients and the potential issues they bring to the professional relationship. If computer-mediated services are not appropriate for the client or if the counselor is not adequately trained to resolve the problem, the counselor must be prepared to make an appropriate referral to a qualified counselor in the client's geographical region. If counseling services are to continue past screening, counselors and clients need to establish an "identification word" to verify one another's identity with every engagement in Internet-based communication.

Structure of Services

Counselors using technology-based intervention should consider how these services will be offered to clients, the parameters for the services, and how the service fits into their current fee structure. Will text messaging or emailing your client be a charge-for-service, or it will be included in your established fee? If you are providing video-conferencing with clients, what is the fee schedule for that type of service? How often can the client expect contact from you, and what is your typical response time? These structures of service are all part of a well-outlined client contract and an informed consent for services.

Informed Consent and Contract for Services

All ethical service providers utilize informed consent and have a statement of contracted services for clients. Incorporating computer-mediated communication into your practice requires additional considerations for inclusion in these documents. The informed consent should include the distance counseling credentials of the counselor, the risks and benefits of using computer-mediated communication, what to do in case of technology failure, anticipated response time, emergency procedures, cultural differences, time zone differences, and potential denial of benefits for this service. You should include in the informed consent your social media policy. NBCC (2012) suggests that counselors connecting with clients online include the following components in their informed consent document: (a) links to all professional certification sites to facilitate consumer protection, (b) procedures for contacting the counselor off line, (c) an indication of how often email will be checked, (d) what to do in case of technology failure, (e) how to deal with misunderstandings as a limit of the medium, and (f) information about local assistance and emergencies. It is also suggested that counselors include a "waiver to hold harmless"

statement regarding issues that are unique to the online platform, such as the client's email being breached by a partner, a "text message" mistake (instead of to private), and a hardware or Internet crash. As in all informed consent statements, you should explain that counselors have legal and ethical obligations to break confidentiality if there are safety issues or as mandated by the court. The contract for services, whether part of the informed consent document or separate, should include clear information on fees for service, including computer-mediated service.

Social Media Policy

Counselors who use social media as an adjunct to therapy with clients are advised to create a social media policy and be proactive about sharing it with clients from the start. This will minimize any misgivings that could arise and set boundaries on appropriate relational use of social media. One of the most cited examples of a social media policy was created by Kolmes (2010), who has made it available for professionals to see online (http://drkkolmes.com/for-clinicians/social-media-policy/). Kolmes's policy includes her positions with clients on friending, fanning, and following; her preferences for communicating; her policy that she does not utilize search engines for client information; and ethical restrictions on the solicitation of client testimonials (which business listing sites may request). Kolmes (2012) encourages practitioners to develop a social media policy if they are going to use computer-mediated communication with clients.

Records Maintenance

Utilizing encryption methods for files and password security on all electronic devices is essential for the protection of confidential information. Jencius (2013) provides recommendations and resources for how to make "strong" passwords to secure information. NBCC (2012) asks counselors to consider the online medium they are using and make decisions about what digital data are kept as part of the client record, how the data will be preserved and for how long, and how to address requests for release of information.

Consultation

Given how easy it is to access other professionals using the Internet, and how our perceptions of privacy are conflated by the medium, it is unwise for counselors to seek consultation on cases without the same secure protection, contractual arrangement, and verification of their supervisor that they apply to client enrollment. Professional listservs should not be used for case consultation and referral that would expose a client's details to an unknown group (and possibly be read by your client; Kaplan et al., 2011).

Emergency Procedures

Clients need to know what to do when they have an emergency and they are not in your immediate area. For client quality of care, online counselors have the responsibility to investigate and know resources in the client's geographical location should the client require face-to-face assistance in an emergency. Similarly, clients should be schooled on those services and what action they should take locally should they find themselves in a mental health crisis.

Technology Failure

Counselors who use computer-mediated communication need to prepare clients for the possibility of technology failure, what to do should that happen, and what alternative methods can be used to contact the counselor. Computer-mediated communication is dependent on continuous contact, and the Internet is subject to occasional failure. Unknowing clients might assume that the counselor had intentionally stopped the session, or vice versa, when it was really a technical failure. Should an Internet crash occur, steps need to be established that client and counselor will take to reconnect the session or alternatives given they can pursue that do not involve computer-mediated communication.

Conclusion

With the advancements in computing, the methods by which we interact through digital devices have changed for both the counselor and the client. In the last 10 years, computing has become more ubiquitous. We are no longer so aware that we are interacting with a device but instead feel we are interacting with the person or people at the other end of the device. Computing is now part of a simultaneous universe (Pendergast, 2004) in which we no longer input and wait for output; the interaction with another person or group occurs in synchrony. Both ubiquity and synchrony, key components to social media, have made computing much more like human interaction. Clients are incorporating computing into how they form and maintain relationships, so it is not surprising that they are expecting the same types of relationships with their counselors. In light of these changes, counselors need to create a virtual presence that is effective, legal, and ethical.

The two case studies that follow highlight some of the complexities of responding to technologies that are changing so rapidly. In Case Study 17 (Making Social Media Decisions for an Agency), a counselor is faced with developing social media for a group of practitioners who vary widely in their level of knowledge of and comfort with social media and its uses in professional practice. In Case Study 18 (A Client's Friend Request),

boundary concerns are raised for a counselor who receives a friend request from a former client.

Case Study 17
Making Social Media Decisions
for an Agency

Martin Jencius

Jack is a 32-year-old licensed professional counselor in a small private practice group with other human service professionals. In addition to Jack, the group consists of Will, a 50-year-old psychologist whose focus is primarily on testing; Cynthia, a 32-year-old clinical social worker; Janice, a 26-year-old newly graduated licensed professional counselor; Kia, a 45-year-old well-established marriage and family therapist; and Hannah, a 35-year-old licensed professional counselor who specializes in treating adolescents. They work as a group, and all decisions regarding the practice are made as a group. Recently they have had a discussion about augmenting their clinical work with social media.

At their clinical staff meeting, Jack is taking the pulse of the group members on what they think of using social media and how they might incorporate it in the group. Will is perplexed as to whether and how the group might best use social media. He is fairly familiar with platforms like Facebook and Twitter, but he has never used them and is not sure how the practice might benefit or the ethics involved in using them with clients. Cynthia has a Facebook page but has never used any other social media. Like Will, she is uncertain how to use social media in a clinical practice, but she is less reluctant than Will to consider it at this point.

Janice weighs in with an opinion that is on the opposite end from that of Will. She is an avid user of social media who makes regular use of Facebook and Twitter and occasionally uses other social networks. Janice used social media throughout her graduate program and has used it for developing counseling resources. The question for Janice is how she would convert or protect her current use from her professional use. Kia is aware of social media platforms, as many of the families she sees discuss Facebook information in sessions. She has a personal Facebook page and has made an effort to lock it down to prevent clients from searching for her personal information. Hannah is very familiar with social media because of her work with adolescents. She has had to learn about social media because many of her clients use it to communicate with their friends and maintain social relationships. She also has seen social media being used by teens in a very cruel way. She sees the benefit of using social media in the practice as an adjunct to reaching her clients, but knowing how extensively her clients use social media, she is concerned about the time it will take and how to effectively set boundaries. Because Jack brought this issue to the

group, he has been tasked with coming back with information and a possible process for adding social media to the practice's tools.

Questions for Thought and Discussion

1. How might the varied disciplines of the members of the practice lead to differences of opinion regarding their ethical adoption of social media?
2. What steps might Jack suggest for the practice if they want to adopt the use of social media?
3. How might each of the members of the practice contribute to the adoption of safe and ethical use of social media?

Analysis

This case brings to light many of the issues associated with social media and its regulation and adoption by counselors working for practices or agencies. Jack's task is to search for resources that can assist his partners in making decisions about their use of social media with clients. Given the range of practitioners and their varying levels of experience with social media, Jack has considerable work to do to ensure safe and ethical adoption. In addition to the *ACA Code of Ethics* (ACA, 2014), it may be wise for Jack to look into the code of ethics of the American Association for Marriage and Family Therapy for Kia, the National Association of Social Workers for Janice, and the American Psychological Association for Will to see what, if anything, is included in their codes regarding computer-mediated practice.

Standard H.6. of the *ACA Code of Ethics* (ACA, 2014) relates directly to the use of social media and addresses issues relevant to Jack's task, including maintaining a unique virtual professional presence (Standard H.6.a.), addressing social media in the informed consent process (Standard H.6.b.), respecting the client's digital footprint (Standard H.6.c.), and taking precautions that what is broadcast protects the client's confidentiality in case someone gets access to the client's device (Standard H.6.d.). Jack might also consider other standards in Section H because his partners have not all had formal training in distance counseling methods (Standard H.1.a.). Has the practice considered the laws and statutes (Standard H.1.b.) of the states/locales where they operate and where their clients reside? If they are going to use private text messaging or email with their clients, will these messages be part of a clinical record, and how will those records be securely maintained (Standard H.5.a.)?

Jack and his fellow practitioners need to consider what types of social media or computer-mediated communication they will use in their practice. Beyond marketing their services electronically through a website or noninteractive Facebook page, will they provide distance counseling in

which the majority, if not all, of the client work is provided through computing devices? Or are they going to use digital communications as an adjunct to their in-office work with clients? Should they choose to include a distinct distance counseling approach to working with clients, they will need to have considerable training and online counseling and technology experience to execute it safely, securely, and ethically. If they are focusing on using one or two forms of social media, the learning curve for the less experienced members of the practice will not be as steep. These choices, and their implications, will require further discussion among the members of the practice.

Of greatest concern for the practice is creating a social media policy that will instruct computer-mediated communication behavior for both the practitioners and their clients. Their social media policy should be incorporated as part of the informed consent and disclosure statement (Standard H.2.a.), and it can be included as a separate document for posting at the practice and for handing out to clients (Kolmes, 2010). The practice members will want to look at other examples of social media policies that include specific issues of friending, fanning, and following, along with verification passwords, response time, and nonconfidential communication.

Questions for Further Reflection

1. Beyond the suggestions in this analysis regarding what should be included in agency social media policies, are there other policies that should be considered?
2. Can you envision conditions, clients, or scenarios in which social media could be helpful in providing counseling services? Situations where it could be a hindrance?
3. How should an agency deal with violations of social media policy? What is an agency's obligation to train employees?

Case Study 18
A Client's Friend Request

Martin Jencius

Robin is a 42-year-old chemical dependency counselor and licensed professional counselor working at a county comprehensive addictions agency as an intensive outpatient counselor. She works with groups of clients who have successfully completed their detoxification and have moved into the intensive outpatient portion of their program. She is a recovering addict with 15 years sobriety and continues her 12-step work through regular attendance at Alcoholics Anonymous (AA). After completing her degree in counseling 6 years ago, Robin started her work as a chemical dependency counselor. One of her past intensive outpatient group members is Jamal.

Jamal, now 32 years old, was admitted 2 years ago to the treatment center where Robin works for treatment for a combination of alcohol and pain killer addiction. After successfully completing detox, Jamal moved to Robin's intensive outpatient group, where he remained until his completion of formal treatment after 3 months. His treatment stay was unremarkable, and he dealt successfully with some trigger incidents. During treatment and posttreatment, he remained active with regular attendance at AA, found a sponsor to work with him, and began to build a new social community. Although Robin and Jamal have differing schedules for AA attendance, differing sponsors, and differing home groups, they do occasionally run into each other at meetings. They are cordial, and Robin refrains from any discussion or disclosure about their history in treatment.

Robin has a personal Facebook page and has received a request from Jamal to friend him, which would expose him to some of her contacts, photos, and posts. Robin does have other recovering friends associated with her Facebook account, whom she has met through her years in AA, but she questions whether she should accept Jamal's request to be Facebook friends because of their past treatment history.

Questions for Thought and Discussion

1. Is it advisable to engage in social media friending with a current client? What about a former client? Would you consider Jamal to be a "current" or "former" client?
2. Does Jamal's and Robin's recovery relationship compromise their professional relationship?
3. If you were supervising Robin and she came to you with this issue, what would you recommend to her?

Analysis

This case raises issues about social media and appropriate boundaries between counselor and client or, in this case, a client who has been released from treatment but still has ties to his counselor. A starting place for reasoning about this situation may be to explore the issue of dual or multiple relationships between counselor and client. Kaplan and colleagues (2011) noted that ethical guidelines related to dual relationships have changed over time, and nonprofessional relationships with clients are now permitted as long as they are supportive and beneficial. Kaplan and colleagues suggest that social media could be a beneficial type of nonprofessional relationship.

Standard H.6.a. (ACA, 2014) directs counselors to take care to separate their personal from their professional social media presence. Robin has established a personal virtual presence with her Facebook account but

without the intention of using her personal virtual presence to make professional contacts. Although Jamal is a former client, he is still addressing issues related to his previous professional relationship with Robin. Perhaps Jamal feels that his professional relationship has ended and that he is making this offer as a recovering associate. He knows that others whom he has met in AA circles have friended Robin. In fact, it was through another AA member's Facebook contacts that he was able to find and contact Robin on Facebook. The content currently on Robin's Facebook page may reflect on her professional role in a way that she would not want people to see. Even if she is not concerned about this overlap between her personal and professional lives, she may not wish to be that open with Jamal because of their previous professional relationship.

This case raises the issue of how transparent counselors can or should be with their clients. We are trained as counselors to be transparent to our clients so they can see us as genuine, congruent, and offering unconditional positive regard. In the past, professional boundaries were generally clear; however, computer-mediated communication has changed the permeability of our lives. Modern generations have grown up with much more exposure and openness to what was once private. Does this new transparency now extend into our virtual presence? Individual counselors might draw their boundary lines differently based on their own beliefs about the counselor–client relationship and how they see the role of the counselor in client change. Without specific guidance from Robin's agency, the answer to her dilemma is unclear.

Proactive guidance in the form of a social media policy would be helpful to Robin and her agency. If the agency policy were stringent and stated that no counselor should form a social media contact with a client or former client, then Robin would have a clear direction and a rationale for not friending Jamal. Even if the policy stated that friending was permitted when it was supportive and beneficial for the client or past client, Robin would not be compelled to do so and could set her personal boundaries at "no friending."

Questions for Further Reflection

1. Do you think the boundaries regarding faculty–student social media friending differ from the boundaries related to counselor–client interactions? If so, in what ways?
2. What policies and practices do you need (or will you need in the future) for regulating your social networking to maintain your personal and professional boundaries?