

Digital Media Policy for Current and Former Clients

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Introduction

As mental health professionals and clients increasingly use the media for personal and professional reasons (myself included), it is critical that I take steps to protect the safety of current and former clients, colleagues, students, myself, and the integrity of the profession as a whole. Given that I am professionally bound by clear ethical rules and principles set forth by the American Psychological Association (APA), the law, and state licensing boards (see <http://www.apa.org/ethics/code/ethics-code-2017.pdf>), it is important for me to detail some of the ethical issues I encounter with current and former clients and how I handle them.

This document provides information about my conceptual framework, rationale, and policies related to media interaction with current and former clients (including, but not limited to, television/film, print, websites, and social media sites). Please read it to understand how I conduct myself as a clinical psychologist using digital media and how you can expect me to respond to various interactions that may occur between us on social media.

Defining the “Media” or “Digital Media”

This policy specifically relates to the way I handle myself in the media with current or former clients. By “media” or “digital media,” I am referring to any interaction that can occur with me on the internet or a media-based format. This includes email, text messages, social media networking and entertainment sites (e.g., Facebook, Twitter), business sites (e.g., LinkedIn), websites (e.g., PsychologyToday.com), blog posts, print- and video-based media (e.g., television, magazines), business review sites (e.g., RateMyProfessor.com, Yelp.com), and any other internet-based site that could lead to interaction between a client and me.

Defining the Clinical versus Non-Clinical Role

This policy specifically relates to the way I handle myself in the media with current and former clients. In other words, this is specific to people with whom I have had a clinical relationship. What does that mean?



Clinical work is generally defined as professional practice in which there is a clear doctor-patient relationship. For me, this relationship typically is about providing psychotherapy or conducting an assessment. In a clinical relationship, there are some key factors that describe the nature of the work and that are governed and described by the APA ethics code, laws, and licensing boards. Specifically, in a clinical role:

1. I am in a professional relationship with a client because a service is being requested from me based on my knowledge of psychology.
2. It is a one-way fiduciary relationship, which means the relationship exists only to serve the needs of the client.
3. It involves payment to me for my professional services provided to the client.
4. It is confidential, meaning that I cannot share identifying information about my work with a client, unless I have written consent to do so or an acceptable reason for doing so. (For information about the limits of confidentiality, see <http://www.apa.org/helpcenter/confidentiality.aspx>).
5. It requires informed consent, meaning that the client and I agreed to certain conditions and expectations about the nature of our working relationship.
6. It is typically focused on a goal or outcome that a client and I hope to achieve through our work together (e.g., overcoming a disorder, getting a diagnosis, working through early childhood trauma, understanding oneself at a deep level).

Although I am a clinical psychologist, not all of my work is clinical in nature. I define my nonclinical role as work that I do professionally that is not done in the context of a contracted doctor-patient relationship. For example, I teach, mentor students, collaborate with colleagues, give lectures at various conferences, conduct research, and serve on research committees. This is still professional work I do as a clinical psychologist, but is NOT done in the context of a therapeutic, clinically-contracted doctor-patient relationship.

Given the nature of clinical relationships described above, media-based interaction with current and former clients can be problematic. Most clearly, interacting with current and former clients in the media can lead to breaches in confidentiality (e.g., someone finds out you are my client because a post was not adequately secure); issues with expectations around media-based interaction (e.g., responding in a timely matter to



online posts); changes to the nature of the relationship (e.g., the relationship can look like friendship instead of a professional relationship); and, general confusion about appropriate boundaries.

Ways I Handle Digital Media Interaction with Current and Former Clients

I very much value my clinical work and want to ensure the safety and privacy of current and former clients. Consequently, interaction in the media with current and former clients must be handled very carefully. As such, there are various steps that I take to maximize benefits and minimize harm to clients, myself, and the field of Psychology when engaging with the media. These steps below apply to my work in any digital media context.

A. You May See Me in the Media

If you are a current or former client, I want you to know that you may see me in the media. I have a professional website (www.dunlappsyd.com); frequently present at games industry events such as PAX and the Game Developers Conference; I stream regularly on Twitch; and often appear as a guest commenter/expert for various media outlets. I also use various social and digital media sites, including Facebook, LinkedIn, and Twitter. I assure you that your information is confidential. I will never and have never appeared with a current or former client in the media. I will not discuss any identifying information about you in any forum, including the media.

B. Expectations About Following My Media Work

On my public, professional media pages (e.g., a Facebook page, personal website), I share my work with the general public. You are welcome to view these pages and read the content as you see fit, as well as sign up to receive posts about new work that I have done as it is published. That said, I have no expectation that you will want to follow my blog or social media platforms.

If you are a past or current client, please note that I will not “follow you” back on social media. This is because I believe casual viewing of online content can create challenges in our client-patient relationship and skew boundaries. In addition, viewing your online activities without your consent and without our explicit arrangement feels uncomfortable for me. *Also, please beware if you*



comment on my posts that you may be compromising your privacy and confidentiality, as others may perceive you to be my client.

C. Email for Non-Clinically Relevant Issues Only

I do use email for non-clinically related issues with current and former clients (e.g., scheduling, initial patient contact, general questions). That said, email is not a secure method of interaction. Consequently, I do not communicate about any meaningful, clinically-relevant information with current and former clients via email.

D. Social Networking Posts

I do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn, for client interaction. These sites are not secure and I may not read these messages in a timely fashion. Also, please do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. This is because engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become part of your legal, medical record that will need to be documented and archived in your chart.

E. “Friending” or “Liking” Posts

Some social media sites allow people to connect as “friends.” I do not accept friend or contact requests from current or former clients on my social networking site (e.g., Facebook, LinkedIn). I believe that adding clients as friends or contacts on these sites can alter the expectations for our relationship and is outside of the scope of our work.

F. Use of Search Engines

It is NOT a regular part of my clinical practice to search for client information on Google, Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email), there might be an instance in which using a search engine to find you or find someone close to you, becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you in a clinical context.



G. Business Review Sites

You may find information about me and my work on sites like Yelp, Healthgrades.com, RateMyProfessor.com, or other places that list and evaluate businesses. Some of these sites include forums in which users rate their providers and add reviews. Of course, you have a right to express yourself on any site you wish. However, due to confidentiality, I cannot respond to any review on any of these sites, whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together professionally, I hope that you will bring your feelings and reactions to our work. If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum.

H. Ethical Concerns

If you feel I have done something unethical, please contact me directly so that we can talk about it. If you are not comfortable doing that, you can contact the Board of Psychology, which oversees licensing of clinical psychologists, and they will review your complaint and my work.

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If you have seen or interacted with me solely in the media, know that I do not have a clinical relationship with you. I say this very strongly because I want to ensure that your interaction with me in the media is not client/patient interaction.

CONCLUSION

Consistent with the APA ethics code (see <http://www.apa.org/ethics/code/ethics-code-2017.pdf>), there are five general principles



that I strive to uphold in all of my work. These are: 1) to help those I work with and do no harm; 2) to establish trust by upholding professional standards of conduct; 3) to provide accurate, honest information; 4) to be fair and trustworthy; and 5) to respect the rights of others. In all of my work, including work that is in the media, these general principles guide my work and this policy on social media use.

Thank you for taking the time to review my Digital Media Policy for Current and Former Clients. If you have questions or concerns about any of these policies and procedures or concerns regarding our potential interactions on the Internet, do bring them to my attention at kelli@pixelperfectpsychotherapy.com.

