Professionalism in the Digital Age

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Objectives

- Participants will be able to identify and discuss professionalism, ethics and boundaries within the therapeutic relationship

- Participants will be able to distinguish between boundary crossings and violations and ways to respond

- Participants will be able to list ways in which they can enhance their professionalism with social media

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No Professional is Immune

- Early Stages of Career
  - Poor training
- Mid Stages
  - Life transitions, difficulties, crisis
- Late Stages
  - An attitude of being untouchable – "I can do no wrong"

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The Profession

- Requires acquisition and application of:
  - Body of knowledge
  - Technical Skill

- Individuals in a profession
  - Bound by shared commitment
  - Regulate themselves (board of psychology, peer review)
  - Have a contract with society

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Professionalism

- "Professional competence is the ***habitual*** and ***judicious use*** of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in ***daily practice*** for the benefit of the individual and the community being

» Epstein and Hundert (2002)

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Three Levels of Professionalism

1. **Interpersonal**: Relationships with clients

2. **Public**: Adherence to ethical code, fulfilling expectations society has for profession

3. **Intrapersonal**: Maintenance of self-care, learning, knowledge of limits

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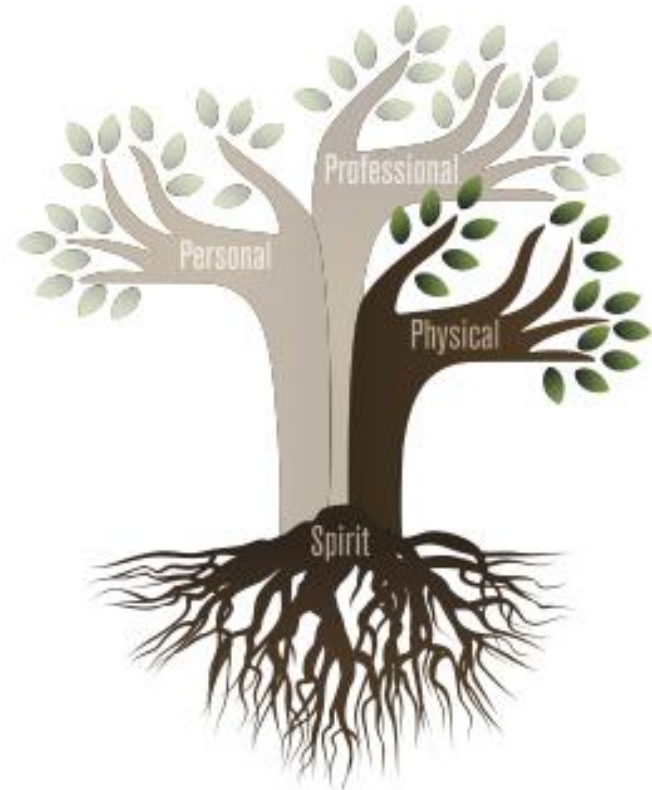
Professional Responsibilities

- Professional boundaries
- Confidentiality
- Effort to improve quality of care
- Honesty with patients
- Establishment and maintenance of trust by managing conflicts of interest
- Commitment to scientific knowledge
- Professional competence

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Dynamics of Therapist-Client Relationships

Trust
- Demand for trust in the relationship

Respect
- Intrinsic worth of each person

Intimacy
- Inherent in type of services – boundaries serve to protect

Power
- Comes from the professional position – boundaries help to manage power differential

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What is a Boundary?

- Not bright lines subject to clear and unambiguous observation and understanding
- Movable
- Highly context-dependent
- Not hard and fast
- Their placement depends on a number of factors in the clinical situation

Gutheil and Gabbard, 1993

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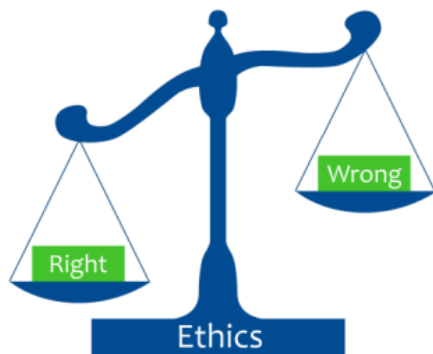
Contextual Factors

- Setting/Type of practice
- Level of community involvement
- Client's sense of self – vulnerability
- Legality
- Culture
- Provider's sense of self
- Available supervision

- Boundary Crossings
  - Minor Deviations
  - Don't harm client
  - May enhance relationship
  - Ask self the PURPOSE of the boundary crossing??

- Boundary Violations
  - Cause harm
  - Involve exploitation
    - Psychological
    - Emotional
    - Sexual
    - Financial
  - Serve practitioner's needs/desires

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Types of Boundaries

- Time
- Role
- Place
- Gifts
- Physical
- Money
- Self-Disclosure
- Social Media

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"Is **THIS** the line you're telling me not to cross?"

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Time

- Sessions starting and ending on time
- Sessions going over and the impact on the next client
- Phone calls in between sessions

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Professional Role

- Therapist NOT friend, sibling, mother, father, business partner, colleague

- How you are addressed (Dr. Bennett vs. Leah Claire)

- How you address the client

Comparison of Relationships

Professional

- Guided by ethics code
- Paid
- Time-limited
- Unequal power
- Goal directed
- Specific place

Personal

- Guided by values
- Unpaid
- Undefined time
- Relatively equal
- Pleasure, interest directed
- Unrestricted

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Place

- Does your setting diverge from a typical office or hospital environment?
- Décor in the office
- Pictures of self or family
- Relationship with client in multiple places

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Gifts

- Receiving gifts from clients
- Giving gifts to clients
  - Creating a sense of obligation from client
  - Clients creating different meaning of gift
- Gifts of extra time/attention

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Physical

- Physical contact: Hugs, pats on the shoulder, a double-handed hand shake

- Clothing: Professional attire
  - What message do you send the client about yourself based on your dress?

- Positioning of therapy

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Money

- Maintaining the boundary of payment for sessions
- Bartering for services
- Establishing boundary/expectation at the outset of the therapeutic relationship

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Self Disclosure

- When is this appropriate?
  - Is the purpose to help the client?
  - Will this increase rapport?
- Impossible to be a blank slate
- Addiction Work
  - "I've done my own work so I can share my experience, strength and hope"

WARNING SIGNS:
Slippery Slope Situations

- Specialness
- Intense attraction
- Professional isolation
- Excessive self-disclosure
- Behavior changes during visits
- Violating clinical norms
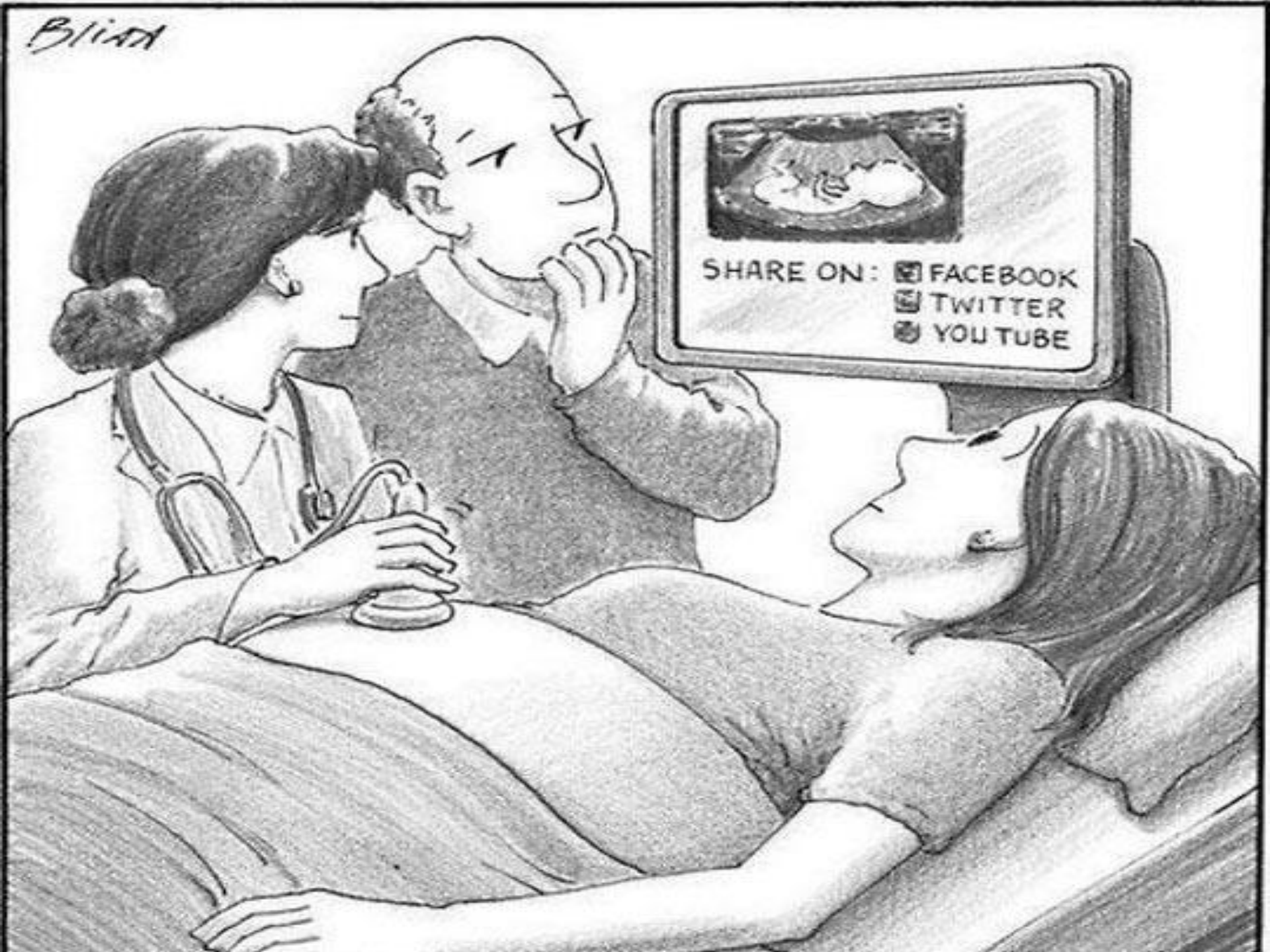
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Questions to Consider

1. How do I feel about the client?
2. Do I anticipate the client?
3. Do I over-identify with, or feel sorry for, the client?
4. Do I feel any resentment or jealousy toward the client?
5. Do I feel bored with the client?
6. Do I want to protect, reject or punish the client?
7. Am I impressed by the client?
8. Do I get extreme pleasure out of seeing the client?

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Social Media

- Dual Relationships
- "Friending" "Following" Patients/Co-Workers
- Personal and Professional Presence
- Therapeutic Interventions and Awareness

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SHARE ON: ☑ FACEBOOK
☑ TWITTER
☑ YOU TUBE

"I don't know which doctor to choose. One has more friends on Facebook, but the other one just retweeted my message."

"People are lonely. The network is seductive. But if we are always on, we may deny ourselves the rewards of solitude."

"Technology doesn't just do things for us. It does things to us, changing not just what we do but who we are."

Sherry Turkle, Alone Together: Why We Expect More from Technology and Less from Each Other

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Trouble Areas

- Privacy/Confidentiality Breaches

- Student Use and Guidance

- Patient/Therapist Relationship to Boundary Blurring

- Integrity of Profession/Reputation

- Overall Lack of Guidelines- changing

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Trouble Areas

- Failure to Report Violations of Others
- Lateral Violence Against Colleagues
- Employer/Faculty Use Against Employees/Students
- Stumbling Into Information
- Posting Inappropriate Photos, Posts

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HIPPA & Covid Comment

- ## Most SMS messaging is not HIPPA Compliant

- Every authorized user must be assigned a unique login username and PIN number for whatever mechanism is being used to send and receive PHI. This is so all communications containing PHI can being monitored and logged.

- Any mechanism used to communicate PHI must have an automatic logoff facility. This measure is required to prevent unauthorized access to PHI if a desktop computer or mobile device is left unattended.

- PHI must be encrypted in transit so that, in the event a message is intercepted on a public Wi-Fi network, the content of any message – and any PHI sent as an attachment – is "unreadable, undecipherable and unusable".

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ACA- Section H

- Separate Personal and Professional
- Informed Consent
- Respect Privacy
- Avoid Disclosing Confidential Information

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MFT

- Technology Assisted Services
- Accurate Promotional Materials
- Avoid Exploitation
- Avoid Multiple Relationships
- Value of Integrity
- Privacy/Confidentiality

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SWK

- Discuss policies
- Posting could lead to Boundary Confusion, inappropriate dual relationships and harm to clients.
- Avoid accepting friend requests
- Avoid personal relationships with clients on social media
- NASW. org

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- Know, Understand and Comply
- Honesty
- Recognize the Potential for Problems
- Proceed with Extreme Caution
- Respect Professional Relationships
- Consult your Ethical Guidelines
- Consult a trusted colleague
- Check with your Malpractice Carrier
- Develop a workplace/practice policy

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- Is this information I would tell/show this person if they were in front of me?
- Do I want this information to be known about me to those I serve?
- Will this have a potential effect on the person I serve?
- Does the content have the potential to damage a career or impair working relationships?
- Will the content breach your patients' trust or be detrimental to your employer?

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- Google yourself

- Stress/Burnout

- Privacy settings

- Delete accounts

- Separate Accounts

- Accountability
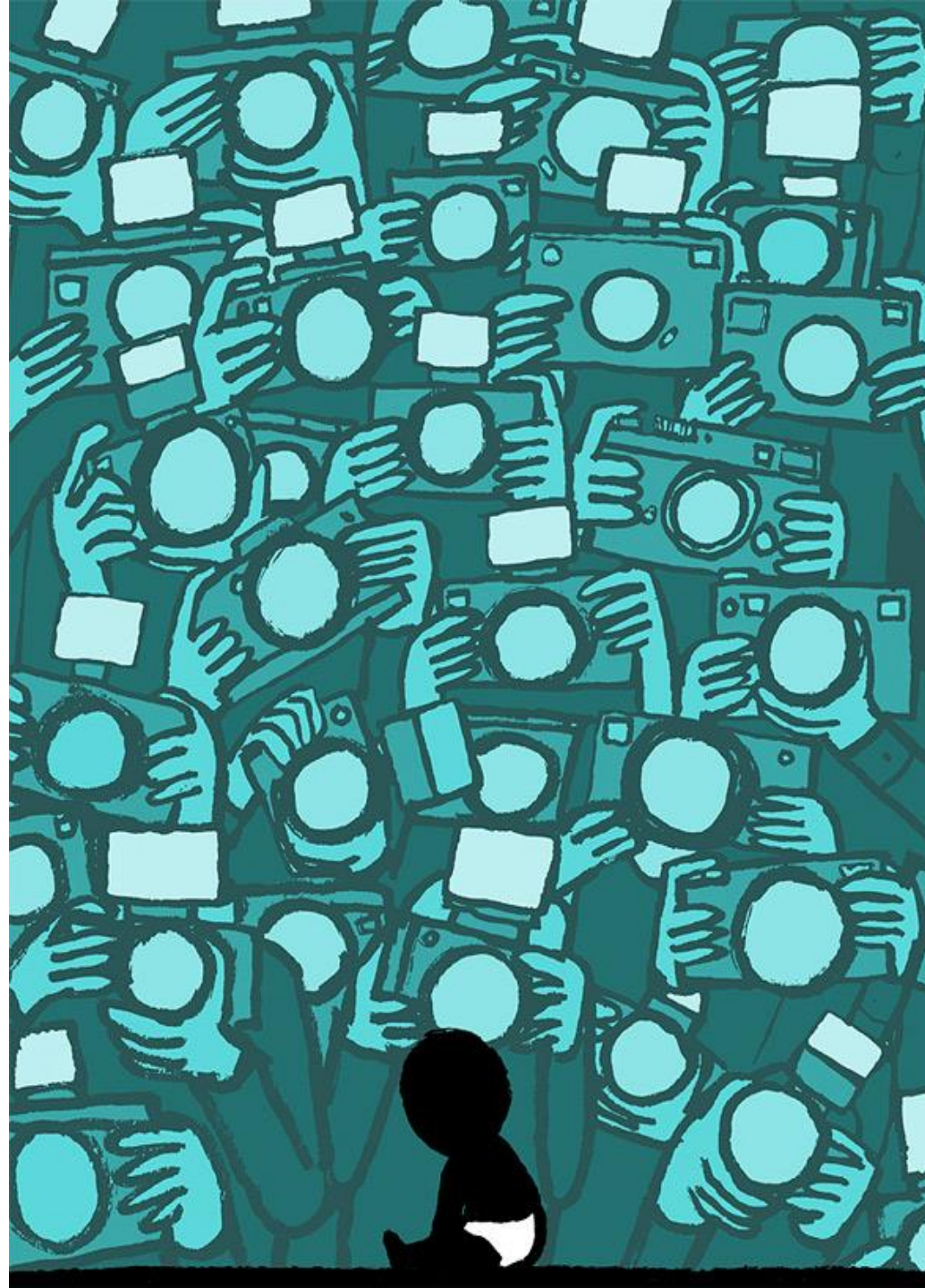
- Talk with clients about your policy

- Talk with administrators to develop a policy

- Avoid a Dual Relationship

- Constant Vigilance

- Expect Access to You

- Initiate contact

- Take Photos, Videos

- Post any identifiable patient information

- Post anything about work

- Harm

- Practice where you are not Permitted

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- Forget: Nothing is private

- Believe that once it's deleted it's gone forever

- Forget: Everything can be found out - there is a wide audience online and permanence

- Accept "friend" requests

- Use social media as communication between patient and provider

"….social networks may be considered the new millennium's elevator: a public forum where you have little to no control over who hears what you say, even if the material is not intended for the public."

Online professionalism safeguards both careers and reputation

A brief lapse can negatively impact the entire profession

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