Webinar: Confidentiality, Boundaries, and Social Media

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>> Hello, everyone. Good morning and welcome to this session on Confidentiality, Boundaries, and Social Media. This session will be available on demand for those who need it. My name is Becky and I am with the University of North Texas Workplace Inclusion and Sustainable Employment. For all of you joining us using the Internet please notice the webinar control panel on the right side of your screen and there is a question box section at the bottom. If you have any questions during this time please use the question box. I want to make sure everyone can hear me. Please type in the question box the word yes.

>> That way we will know that you are reaching out and getting just webinar. If you are accessing this webinar by phone only, to receive credit for your participation please email untwise@unt.edu. I will provide more information about how to receive credit for the webinar at the end of the session.

>> I have not seen any yeses from anyone yet. I need people to respond in the question box. It looks like we have 10 attendees. Nick, have you seen any responses from anyone on your end?

>> I am seeing responses. It may be an issue on your end. It looks like we are looking good.

>> I would like to do -- introduce our speaker, Dr. Rachita Sharma. We would like to thank you for presenting to us. She is a clinical instructor in the Department of disability and addiction rehabilitation at the University of North Texas. She teaches courses on Assessment and Psychopathology. As the Clinical Coordinator of the program, she supervises the clinical training of graduate and undergraduate students during their practicum and internship experience. she is a Licensed Professional Counselor Supervisor in the state of Texas and a Certified Rehabilitation Counselor with several years of experience working in the field of mental health and disability rehabilitation. She obtained her Master degree in Rehabilitation Counseling Psychology from University of Texas Southwestern Medical Center in Dallas and obtained her Doctorate of Philosophy in Rehabilitation Counseling from University of Texas Rio Grande Valley in May 2017.

>> We feel fortunate to have her resenting with us today. Dr. Sharma, if you would like to take it go ahead .

>> Thank you so much for making me some good in the introduction. Good morning LSU and welcome to today's session. This is not the most exciting topic out there but I do hope in the time we spent together during the session it is something you develop a natural curiosity towards especially where it comes to social media and the different nuances of social media that are creeping into our professional lives. I appreciate you taking the time to learn more about the way ethics come into play and social media. Without further a do I will get started. We have lots of content here. I am a little biased but I will say that it is wonderful content. If you would like to refer to your handouts as we move along I would encourage that. If you want to follow along on your screen that will work as well.

>> Just in terms of the outline, to give you a heads up and turns of what we are going to -- terms of what we will address. I would do introduction can't talk about ethics and ethical violations. I think it is interesting to see where we are as professionals in the field of rehab when it comes to ethical violations. We will then dive in and focus on social media policy and look to see what our code of ethics tell us about the social median. Towards the end is when we will start wrapping things up. Hold on tight and we will get started. As we do I would like to begin my presentation with this definition of rehabilitation counseling. All of you as CRC's know what rehabilitation counseling is. I selected this definition from the American rehab archive. It is very telling. It talks about rehabilitation counseling being a systematic process which assist persons with developmental, mental, cognitive and social disabilities to achieve their personal career and independent living goals in the most integrated settings possible through the application of the counseling process.

>> This process may involve communication, goalsetting, beneficial growth or change through self-efficacy, psychological, social and behavioral intervention. That is a lot of stuff we are doing. We are doing a lot of different things as rehabilitation counselors. It is important to take a look at all of that and truly appreciate the complexity of the services we provide to individuals coming in to seek services. It is no surprise that as we move along in our field we are often faced with ethical dilemmas, ethical concerns and thoughts about are we truly integrating ethical principles into our every day interactions with our consumers. So we are not causing them harm. So we're not inadvertently, perhaps, not respecting their optometry. -- Optometry.

>> I like this quote that comes from RGB can see in a guide to ethical decision-making and regulations for nonprofits. She says I truly believe the best time to have a conversation about ethics is when there is nothing at stake. No big ethical dilemma is before us or when a staff member [ Indiscernible ] on behalf of the organization. Ethics conversations should be a part of everyday life in a office. They are often overlooked until it is too late. I think this is a telling statement because I find this often to be true. When I have organizations reaching out to me requesting presentations on ethics it is not because things are going fine and there has been no violations, it is typically because something happened and now they want to train everyone on how to avoid a similar ethical dilemma or violation in the future.

>> I will go in and share that information after the fact. You guys are here on a Thursday morning at 10 AM to preemptively learn more about how social media and the different components of it can interfere with ethical service delivery. I appreciate you for it. We are going to do a quick refresher of the Golden 5+1 rehabilitation ethical principles that guide us. These come from Van who

>> And 86 where he recommended that all counseling practitioners use five principles to guide their ethical practice. The first one is autonomy. Big a. The sense of promoting self-determination among clients. Respecting what their choice is and what their decisions are when it comes to identifying their own. Whether it is IPE's, IEP's, treatment plans etc. IEP's, treatment plans etc. Optometry -- autonomy is definitely a main principle. The next one is nonmaleficence. This is to avoid doing harm. At first sight it seems like a obvious ethical principle to abide by. Because we are you -- in this field of practice and we want to make sure we do not want to hurt people along the way. It is fair to say that no rehab practitioner intentionally seeks to do harm to a client. It is almost inadvertent harm that may come along because of a lack of ethical decision-making model that was followed or perhaps a lack of cognizance of different components of a difficult dilemma. The next one is beneficence. That is to promote the well-being of [ Indiscernible ] and the client. Especially the client. We want to make sure when the client comes in we are able to provide them with the services that we can and cause a increase in there over -- overall psychosocial function. Whether it is integrated community living base or just becoming more cognizant about their disability and the implications of it. The next principle is justice which is to be fair and equitable to others. Then we have fidelity which is to be honest. To make realistic commitments and keep the promises we made to our clients or consumers. Sometimes this can be as simple as being in your office working on notes and a consumer calls and you mention that you are in the middle of something important but can I call you back in 10 minutes or by the end of the day? Or maybe first thing in the morning. Making sure you also follow through with that instead of forgetting about him and Bob tries to call you again in a day or five days and inadvertently drops off your radar entirely or Bob ends up experiencing a fracture in the report. That working relationship you have been trying to build. It also constitutes one of those guiding principles or ethical principles. The lesson is veracity. To be truthful and deal honestly with clients. I'm going to let these ethical principles sit here for a moment. I will keep referring back to them as we move along and talk about social media and how it would impact one or more of these ethical principles at the same time. Let's move into a quick analysis of the reported ethical complaints and violations to the commission and rehabilitation Counselor certification. I feel like this is important data. It tells us what these ethical complaints and violations are. How does something like social media fit into it. The data I'm going to present it comes from two particular wanted to know studies that were done. One by founders in 27 which looked at data between 93 to 2006 and the other done by Harkey and Cartwright in 2013 that looks at data from 2006 through 2013.

>> At a glance when we look at the data in terms of ethical complaints we find the that in one year CRC see -- CRCC has seen anywhere from six annual complaints as -- to as many as 22 annual complaints. Six and 22 out of 16,000+ does not seem like a lot. It does not seem like a wreck breaking -- back working number where we are rampant as practical technicians in the field. It is also important to recognize that those six complaints or 22 complaints that came in one year those were violations that happened. It is because somewhere along the way a client was inadvertently harmed or their autonomy was not respected in some capacity. Think about the impact that would have on that particular individuals engagement in the rehabilitation plan or IPE's. Just something to keep in mind. If you are curious about who makes a complaint there is data pulled up on that as well. Clients definitely make complaints about their rehabilitation counselors. However, they are not the only one. If we look at the year 2010 and 2011 there were 11 out of 22 that were made by clients. 10 of those were made by colleagues. I think this is a good thing. This is saying that we are remaining accountable to the each other. There is a system of checks and balances. Not just the end of the client or the consumer but each other. We are making sure that we as a whole are ethical practitioners who are engaging in a body by ethical principles that guide our practice. CRC see will -- CRCC will often file complaints against certificates as well. My favorite category is the self-support ones. These were folks who found they were unethical and working with a client or consumer. Ethical enough to self-support that -- self-report themselves. I think they are a wonderful group of people who recognize that they made a boo-boo. With this data it is informative in terms of letting us know where the complaints are coming from annually and what that typical breakdown looks like. When the data looked at the room -- 11 remaining categories of violation they found that some of them are pretty obvious. Such as dual or inappropriate relationships. Dual inappropriate relationships are bad. We do not do those or engage in them when working with consumers or clients. There are categories such as calf Darcy confidentiality, building practices and financial gain, and proper research teaching, admin practices, supervisor technique, failure to advocate for the client. Then there are two categories that are particularly interesting.

>> Inappropriate company -- statements or remarks and failure to uphold professional standards. These two areas are often when social media type violations come in. We make a statement in some capacity and social media oriented capacity as the individual we are but being the professional we are if a consumer client or coworker sees that it may lead to that getting sanctioned as a category in a ethical violation. We will talk about that in a little bit. Definitely important information to keep in mind. Here's some information about who files complaints. I did cover that earlier with you. It could be the client of the certificate, colleagues, attorneys or someone other than the client or client attorney or colleague. It could be your employer, parent or guardian of the client or the licensure board itself. Instantly enough the last groups of folks filed 34% of the complaints that the CRCC gets annually.

>> When we look at clustered violations. Raking down the violations into three main areas. The first one is competence and conduct with clients. This, in itself is a topic for another three hour presentation. Things such as abandonment, sexual tendencies, designed and see it -- dishonesty etc. The third big chunk of violations involves professional practice. Things of referral upon termination, obtaining potential opportunities -- employment opportunities. Then there is an area of nonprofessional relationships. This is not the same as structural in tendencies, business practices or business relationships with your consumers, these are nonprofessional social media-based. Is it okay for your client or pass consumer to follow you on Facebook? Many of you will probably say no it is not. What about twitter? Can they follow you on twitter or Instagram? If you are a Snapchat friendly person what about that? Where is the line and does it make a difference if it is a current client or consumer or someone whom you worked with last year? There really is a lot of gray area there. Social media is emerging in becoming one of those areas where we are finding we have to preemptively start building policies in regards to communication in those relationships that happen in the social media account. So let's dive into social media and look more into it. The term social media has become a catchall. What really is social media? When we look at social media it is now a generalized term for a group of online software tools that allow for increased interaction, authorship and development of online content any web user. Any web user anywhere in the world using any sort of software web-based tool or phone-based media tool. That allows them to put information whether it is there thoughts or shared articles or information's out with everyone else would like to take a look at it. It includes well-known sites such as Facebook, LinkedIn, Instagram and twitter. It also includes things such as wikis, blogs, micro bonds and podcasting. Things such as Pinterest or Reddit. It confuses the heck out of me but it is really popular. It is a big umbrella of a variety of different things. Under social media we have sites that classify a social networks which are typically used to stay connected with friends and family. They are used to sharing and expressing what matters to that person. So a sample of these may include Facebook or LinkedIn where you create a profile as you the person and you stay connected with folks you would like to stay connected with and share your everyday thoughts or opinions. The next big area under that umbrella is only an individual to provide commentary. More personal online diaries or online brand advertising. This is you essentially putting lots of words articles opinions etc. all on a webpage for other individuals to access. A popular example would be WordPress. Where you can create your own WordPress site. It is free. It does not require a lot of technical savvy. You create your account and you can type things in. Anyone can access them if they use the right keywords or search functions. The next term under social media is that of micro-blocks. They typically use 140 characters to update followers. 140 characters is not a lot. It would involve text, images, music, videos, chat. It could not have Texan only images. Example are twitter, tumbler, Pinterest etc. Microblogs have gained so much popularity over the past decade. A couple of years ago there was a university. I think it was a Ivy league university that had a contest saying that in 140 characters or less tell us why we should accept you as a student to the MBA program. The person who won the contest was going to win free tuition for that particularly I've -- particular Ivy League to complete the MBA. There must've been thousands of entries of people using 140 characters. To win free scholarships or free tuition at a Ivy League school. The power of these microblogs is phenomenal considering how limited the content can be. Wikis are another area that fall under social media. We keys are basically pieces of server software that allow users to create and edit content freely. They can use any browser. The most well-known wiki is Wikipedia where folks can go in and edit information, change things, include or add information. That becomes a platform for lots of people to come in and put tidbits of information on a shared area so others can benefit from it. Social bookmarking sites allow online services that enable users to add in a tape edit etc. Things that fall under here are things such as delicious, and another one that confuses me. Do not ask me any questions about social bookmarking because I am na&#239;ve when it comes to that. Podcast R1 several may be familiar with. They are multimedia digital files made available on the Internet to download. You complete on your phone, computer, media players. Examples might be YouTube, iTunes etc. There is so much variety when it comes to social media. Individuals now have so many options to use to share their opinions with their community whether it is the immediate community, friends and family, professional community or the national community. Really the international community as well. No surprise when we took it -- look at the top 10 social media websites we find things such as Facebook, DIN, YouTube, Google plus, Instagram, Snapchat, print -- Pinterest and tumbler. Hopefully you are seeing how social media options are right for the picking. There are so many options and people can pick what works for them or pick several different platforms that work for them and actively engage in being able to share their opinions. What this has led to is a change in the face of communication overall. Social media is changing the way that people and organizations also communicate with each other. When you look at the stats they are quite amazing. Facebook has 751 million monthly act of users. With about 79% of them outside of the United States and Canada. 751 751 million active users. That is a lot of folks out there that are using Facebook to communicate. Not just with friends and family but organizations, businesses, different departments etc. When we look at something like twitter, twitter now has almost 555 alien registered users with an average of 58 billion tweets per day. 555 555 billion registered users is a member that I don't could -- I don't think I can write down accurately. Let alone think of that many people that are registered users who tweet in average of 58 billion tweets per day. Even though a tweet is 140 characters you multiply that by 58 billion. That is a lot of content being put out daily for people to communicate with each other. There is a research study done in 2011 by the American life project and [ Indiscernible ] . A little over 3000 participants were surveyed and asked to think about the last time they hunted for health or medical information online.

>> These could be people with disabilities, chronic illnesses, people who suspected they may have a chronic illness or disability, people concerned about their health, or people browsing the Internet. The survey asked about 3000 of them about the last time they hunted for the health related information. 77% of these online health seekers said they began at basic search engines. Something like Google, being or Yahoo. They went there straightaway to get access to information about health questions or medically related information. This is in line with one in three American adults who go online to research their medical condition. One in three adults is every third person you meet who goes online and researchers their medical condition.

>> When you look at Internet savvy technology savvy folks almost 77% of them are starting their search basic. These statistics are not just limited to millennials. They go beyond millennials. Which are folks beyond -- or between 82 and 2004 who we always associate with having live computers and Internet all their lives. Millennials were born with iPads and not top and phones and things like that to allow them to pull information. This is not just limited to them. The research found that these statistics also include baby boomers who are the fastest growing age group of persons who use social media tools. Almost 51% of them use some form of social media. Let me introduce you to my father he is in his 60s and you would think he is a teenager based on how much time he spends looking at his phone. His Facebook is always open recently he opened a Instagram account which I then had to have a serious conversation with them leave some social media sites unexplored. I'm poor you. So he did. He deleted his Instagram. But he is on there and he is just not on as a solitary lone wolf of his age range. He is out there interacting with hundreds of thousands of people his age. Friends that he has coworkers that he used to have a lost contact with. He is on asking questions about health or or has anyone thought of using XYZ home remedy for XYZ ailments? There will be 50 people on his group giving him advice.

>> There is a lot of exchange happening in a lot of different age groups when it comes to the use of social media for health information and social connections. When the American life project did the additional study in 2013 about this data, they found that patients and caregivers are searching online for medical information and support. That trend is continuing. In 2018 we estimate that trend is probably more intense than it was seven or eight years ago. They found in 2013 that 60% of patients seek both support and information online. Not just are they seeking answers they are seeking each other to get that community of support to aid them in whatever information or category they are seeking information in. Looking for healthcare information is the third most popular online activity after Internet search and email. Let that sink in for a moment.

>> What we're saying is that when folks log into the computer, phone or Internet capable device they may check -- search stuff, check their email, and the next thing they do is look for healthcare information. Will they are looking for information about their disability. They are looking for information about their chronic illness or whatever related information about a disability or rehabilitation they are curious about but perhaps have not been able to get answers about. Because of all of this there has been examples of violation of ethical principles where rehabilitation practitioners or practitioner -- practitioners in general in the healthcare areas have inadvertently engaged in these violations. There was a study done in 2012 that looked at specific violations in more of a medically oriented healthcare facility. They found the top six examples were things such as a brief of -- breach of privacy or confidentiality.

>> Inadvertently a healthcare professional or someone who works with clients and have asked -- has access to their and it does private information -- has access to their private information. Client came in today and drove me nuts. All they could talk about was blah blah blah. You may not have said who client XYZ was that what if client XYZ comes across your profile and reads the information and recognizes that they came in to meet with you today and talked about that disability and were wordy and what they said. All of a sudden their privacy has been violated or that's how they're going to see it. While others may not know that it is that person that person knows you are there as a professional or in the capacity as a professional sharing your thoughts about them. Another example is failure to report others violation of privacy against violation --

>> If you see a colleague sharing information about a client it is your duty to report that to prevent that clients confidentiality from being violated. I used to work at a hospital for many years. A lot of times it was something as simple as someone taking a Sophie in the inpatient unit. In the background was either a person which people are cognizant of not taking pictures around patients but it could be a chart lying behind them or a computer screen that was open. Partly showing a name or Social Security number or date of birth. Or it could be names written on a board that belong to patients clients or consumers that inadvertently got violated. There could also be lateral violence against colleagues. Speaking out negatively about colleagues in a unprofessional manner.

>> Which also ends up being a violation of ethical principles. Being professional about your opinions. Perhaps discriminatory or opinions that were discriminating against her colleagues. Communications against employers or three violations. There have also been violations in terms of faculty use of social media. It is not uncommon -- there have been instances where faculty members or managers have posted something about a student. Without violating names. Maybe they scribbled the name but just shared the email itself. Or they wrote in the content of the email and published it on their blog and put a rant on Facebook or found 140 characters to describe what they were feeling and put it out there. They haven't vertically violated those ethical principles of nonmaleficence by sharing the information about your own opinions about how frustrating or stubborn that person might be.

>> As a community we are slowly finding ourselves akin to [ Indiscernible ] . Sitting under this tree and having an Apple hit us in the had in thinking this is a problem. We really need to start looking at social media communication as professionals and agencies. As entities that provide routine service to individuals. We really do need to become a bit more strategic and how we are interacting in the personal domain as to not cause a intermittent -- enter mixing of the personal and professional life in a way that could be deemed as inappropriate or unprofessional. With social media organizational leaders must supply very traditional roles of communication to new technology. In the past they have been able to say don't interact with a client. Do not save's to them about the profession that could cast the profession in a negative light. Or, I work with students on campus in a counseling capacity. I say to them if you see me walking around campus and you are with a bunch of friends know that I will not scream out that last week's counseling session was great and you were on point with developing insight. I'm not going to say that. I will not say hello. If you want to you can certainly say hi and I will say hello back. However, it is under their control but what if I am putting information on some sort of social social media site? At that point I may not have control over the person accessing that information. Even though I may not use names if they stumble upon my social media account any information becomes a representation of me as a professional not as a person at that point I no longer have control they can read it through any information. If I made a big grant about the university class or another professor then they have access to it. Organizational leaders have to become more cognizant of being able to create new rules on how to interact using social media. Broad policies have been struck down. Social media policies have to mimic other organizational communication policies. Prohibiting inappropriate postings that may include discriminatory remarks harassment and threats of violence inappropriate or unlawful behavior. At the end of the day the public's trust of rehab counselors and the overall profound -- professional could be damaged by derogatory comments made about clients, patients, consumers, colleagues and other rehabilitation based organizations.

>> If you are in a professional capacity or maybe not but a personal capacity people who know you as professionals will see that in a professional capacity. If you are out making a comment or writ -- written an article about TWC talking about the agency. I used to love one -- working there but all these changes are frustrating and I cannot do my job. You may use that as an opportunity to vent. However, if that information is seen by a current consumer, pass consumer or potential consumer, that is going to impact the services they receive it may keep them from engaging in that process in the future are currently.

>> A good example that comes to mind is the VA. When you are talking about the veterans hospital popular Laura has it that the VA is filled with incompetent selfish mean awful people who do not want to help veterans. Two days ago I was having a conversation with an individual who was a direct or in a well-known veteran Pacific -- specific organization. He's telling me the VA is awful. There are people there that don't want to be there and they do not know how to provide services it is awful. Which is fine that is his opinion. However, when he makes those statements in the capacity of a director of an organization that routinely works with veterans at that point every veteran that hears some say that is going to say here's a guy that I respect or a professional that has been doing this for 20 or 30 years if he says the VA is a terrible place filled with soul sucking professionals who do not want to help and want to cause harm to I'm not going to go there. Think about how that plays out in terms of access of services or a person's true engagement in the services they are receiving.

>> I am not saying the VA is the best facility for veterans, however, I can say it is not filled with unprofessional clinicians or staff who do not want to help veterans. I know several who worked there who have so much passion and working with those professional. Sometimes it gets met -- missed when someone in a position of authority or in a position to have impact on potential consumers say words that could be disparaging. We have to be careful about what we're saying even the they may be personal computer -- opinions that may be taken as professional opinion. So let's dive into looking specifically at social media policy. This is important enough that organizations are starting to recognize the importance of listing social media policies on their webpages.

>> The commission on rehabilitation Counselor certification put out their own social media policy about 2 1/2 years ago in the summer of 2015. In their preamble they talk about how social media is changing the way that they, as an organization, communicate and work and we has professionals also communicate and work. It offers a new model to engage with CRCs etc. etc. It is also changing the way that applicants and future applicants colleagues in the general public interact with each other. The CRCs -- CRCC believes this causes a means [ Indiscernible ] they want to assist certificates in building stronger successful relationships by using social media. They understand that it facilitates broader conversations related to the fields of rehabilitation counseling. They understand that social media keeps interested parties informed regarding relevant professional topics and views. Social media is good. It is good to have it. We just have to be strategic in the information we are putting out as professional so we're not violating any ethical birth -- principles. The CRCC did a good job with putting this information out there and following up with their social media code of contact -- conduct. Identifying three different categories to provide a guideline for CRCC certificates in regards to their interactions and using social media with their other in the -- each other in their agencies. When we look at this constant to disclose which is a code of contact put forth by the CRCC. Includes a lot of information. Before I share that I want to say you have access to the slide. It does have a lot of words. Don't panic. You can follow along on your handout or download the handout when you are done so you have access to this information. Under this CRCC talks about the importance of being honest. They say your honesty or dishonesty will be quickly noticed -- noticed in the social environment. Be professional and ethical use good judgment and the honest in your communication. Whether it is with other professionals and colleagues or organizations you are connected with in a professional capacity. Or whether it is connected to other friends and family or people in your private life who will also look at you as being an expert in the area for rehabilitation or experts in the area of vocational evaluations or rehabilitation.

>> The CRCC says really be honest and disclosure. They ask you to be transparent. They say use your real name and identify that you are a CRC. Be clear about your role. Never in person a someone else or purposely secure your professional identity. If you say you're not going to have a social media profile but if I do I'm going to use a fake name and a fake picture and then share all of my opinions. You're actually not be an ethical period you are basically disclosing your professional opinions under a pseudo name and it is a matter of connecting the dots. If someone finds out it is actually you they know they are your opinions. If someone happens to be a consumer or client then it will further lead to violations in terms of nonmaleficence. Causing into -- unintentional harm when this person recognizes that this counselor that I have been working with [ Indiscernible ] this is the six gray campus honey --

>> They say believe in Sharon in linking to the best conference -- content. A link is not an endorsement. You can link if you feel something is worthwhile to your colleagues. Just be careful because once you hit share a lot of times you cannot take it back. You can try to edit it but if someone seen it at that point there is nothing you can do about it. Lastly in terms of code of content CRCC talks about using common sense. Following policies and that are[ Indiscernible ] by the CRCC recognizing that perception is reality. Especially in online social networks. The lines between public and private personal and professional are very blurred. Just by identifying yourself as a credential professional you are creating perceptions about your areas of expertise. About your professional affiliations etc. You want to add value among many words that we can put out there. To ensure that the words you are putting out there are intentional. They are helpful, insightful and thought-provoking. If you are building community by posting content and right responses and staying engaged to consider broadening the dialogue for others who are writing same topics. If you make a mistake admitted quickly be upfront and quick with your correction. If you make a edit to a earlier post make that edit but let them know that this is an edited post. In a previous post I listed something incorrectly or unintentionally. So I have removed or edited the information accordingly. All of that information, although quite a lot, I think is very good information. I want to say I'm pleased that the CRCC thought about putting that out there. It does provide us with some guidelines on indirect as essentially representatives of the CRCC in the professional capacity while also recognizing that even though we may wear our personal hat and not our professional once you identify yourself as a CRCC or rehab professional you are representing the the certification and also the profession wherever you go. CRCC ticket a bit further and made edits to the code of ethics. They included a section which focuses on technology and social media and counseling. All of which are into these which are becoming a mainstay right now. When we talk about people receiving services in rule areas who may not be able to drive to meet counselors -- distance counseling is essential in those areas. Or a person whose distant ability limit their mobility or ability to leave a particular setting and head to their counselor's office. Distance counseling is vital in those settings. With every third person going online to seek information or 70% of users looking on the Internet first to find medically related information social media becomes important. The CRCC put this under their code of ethics section J. They say that as we have counselors we should organize that the service provision is not limited to in person face-to-face reaction. Even the spoken word or written word and social media setting sometimes providing the service not directly but indirectly -- rehab counselors attempt to understand the evolving nature of technology. How such resources can be used to better serve clients.

>> Saying I don't use those things I don't need to worry about them is no longer a statement. You do not use social media but that does not mean your colleague's or consumers or clients are not using social media. It is important to have an understanding of how these things work so that you are cognizant of different areas where potential violations may occur. We have counselors appreciate the information for each -- legal and ethical part this. They are particularly mindful of issues that relate to confidentiality, accessibility and overall online behavior. Has professionals but also as professionals in a personal capacity. When we look at each component of this section on social media there are five different areas that the CRCC provides guidelines for. The first one is professional electronic presence. The second is monitoring social media. The third is about social media and informed consent. Then privacy settings and social media and the last one is about maintaining confidentiality of clients information. I'm going to spend the next few minutes on looking at each section in detail.

>> When it comes to have an electronic presence the CRCC tells us in cases where rehabilitation counselors maintain the personal and personal presence of social media use they should use separate pages and their profiles are created to distinguish between the two types of electronic presence. If your agency requires you to be engaged in social media to keep up with Facebook post for the agency and let them know about different advocacy projects coming up or resources that consumers made make use of, make sure you are clearly distinguishing that professional social media presence you have from a personal social media presence. Any personal section you want to clearly list that it is just the person. Not me the professional. You want to be cognizant of monitoring your social media use. Rehabilitation counselors recognize that the information posted on social media sites is largely permanent and easily shared the on the privacy settings of any particular site.

>> Sometimes people on online social media sites fall under this notion of an amenity. They may think nobody really knows. They will not be able to connect the docks. People truly can. The example I share with students is the example of a tweet that went wild [ Indiscernible ] it was essentially she was in her early to Midshipman 20s . A younger professional working for a governmental agency that worked with the developing nations on building policies. She had an opportunity to go to South Africa on a work-related travel. About to hop onto the plane she posted a tweet saying going to sell fast -- South Africa -- her tweet said, going to South Africa. Hope I don't get AIDS. Just kidding, I won't, I'm white. By the time she got on her flight and went from DC and landed in South Africa she received an email saying she was fired because that post or one tweet was retweeted thousands of times until it finally made its way to her boss, her agency decided that they do not want her to represent them anymore.

>> You really want to be very careful with monitoring what you're saying and how may be interpreted. Being careful with the limitations of privacy when it comes to this site in particular. Rehabilitation counselors take reasonable steps to monitor and remove potential harmful information if you find you put information out there which was incorrect take ownership and put a message on their saying you want to draw attention to the fact that you shared information a couple of days ago which I realized was faulty information. Just removing is not enough. If a person saw your initial post but did not see the updated post they are going to operate with the information they received from the previous post which may have the incorrect information. When we look at areas of social media and informed consent they tell us that rehab counselors consent -- the boundaries and use of social media and services. Are you going to interact with social media for portals -- portals? For some of you your agencies may require to do so. They may require you to update the Twitter account or Facebook page or website. It is important to be able to talk to clients about their and their expectations in terms of online exchanges. When I work with students in a counseling capacity and in a teaching capacity I always let them know that I'm not going to add you to social media accounts. Some of them I do not have control over but I will say please do not come back with me [ Indiscernible ] you will not be my Facebook friend if you graduated and you are in the community then I may happy to connect with you on LinkedIn. Something in a professional capacity. That is my personal limit. I share that with them because I think it is an important conversation to have instead of finding myself with a Facebook request from a student and ignoring it. Sure it may go away or may not. That student may think you do not like them or do not want any interaction with them. Which may make them feel that I don't like them or whatever that might be. It is important to talk and set those expectation at the onset of the professional relationship. Rehab counselors also work within their organizations to develop and communicate a social media policy. The social media practices transparent, consistent and understood by clients. This is an area that is lacking in our field. There are agencies that are starting to develop social media policies for their employees.

>> There are several that don't. I really hope if you have one take-home asset from today's session is to flee pursue -- actively pursue your agency social media policy. Is there one? If there is what is it? If there is not what you do about facilitating that change? When it comes to privacy in social media the code of ethics tells us that rehab counselors respect counts -- privacy of clients and avoid searching for client virtual presence unless it is relevant. It is tempting to say let me look them up. That may give me good information but most of us know that that is not something we do. However, do other professionals that work in your site that? What if you have a younger newer professional working as your assistant? Are they aware that you cannot just Google or look up your client on Facebook. I used to work at a hospital and I worked with a lot of professionals there. It was not uncommon for paraprofessionals to be curious about this. Not recognize that a patient and they were googling and in doing so they were violating the patient's confidentiality in the hospital setting. They were also leaving digital breadcrumbs where a person could trace that the name was googled from a hospital browser server.

>> Those are little things but things that can cause harm to the client. It is important to be mindful of that when it comes to social media. If any counselor searches a clients virtual presence you have to disclose it in advance. If your agency requires you to do that. I used to work at a counseling center and while we would not Google or look up clients information, one staff had part -- that as part of her job description. Her job was to monitor the social media profiles of client that were flagged as being at risk for harm. Their job was to go in and routinely check any post made by the client that may be seen as a cry for help.

>> It may seem like a silly message but we see messages all the time that people first on page -- post on Facebook. We have to disclose that I will not look you up however when you are part of a university there are University professionals whose job it is to monitor student and their safety using social media count. It is important to disclose that in advance. To ensure you do not have a client coming in surprise because your checking social media.

>> Rehabs counselors Carson the client in the impact it may have on the clients and the relationship. Discuss the benefits and risk of using social media in the rehab process. When it comes to maintaining confidentiality rehab counts layers protect the confidentiality of clients by avoiding posting identifiable information unless the client has provided written consent. I had a coworker in a hospital setting who was fired because of this. The coworker decided to have a Halloween party at his house. The theme was to dress up as clients or patients at the hospital and everyone came in just as a particular patient with obvious mannerisms or dressing or behaviors. Whatever it was that indicated which client each professional at that party was depicting. When the pictures of that particular party went online that person had to be called in and let go because they had violated the identity of several patients who could be easily recognized in the way that folks are just at the party. It really is something you may not think is a violation but can be seen as a violation. Which is why it becomes important to have social media policies for each agency and a person's own mindful cognizance of the different social media areas and codes of conduct's.

>> This is when we know already. In no circumstance should protected and highly sensitive information be shared via social media platforms. With all this being said hopefully you have not dozed off but recognized that social media can access in one way or another whether we like it or not. It is not something we can hide from or run away from because as we use phones that use Geo tags and location markers in your phone can tell you where your car is parked or where your phone is at any time. We are connected and instead of being the ostriches that stick our head in the sand, we have to be actively involved in establishing social media policies so we are not engaging in violations that could cause harm. We are also protecting or respecting client autonomy. If I still have not sold you on this I'm going to share with you the next slide which talks about how face book figures out everyone you ever met. This is an article that came out a couple of months ago which blew my mind. The article said that when you as a therapist or counselor meet with a client who comes into your office not having a Facebook account does not protect you. You may think I don't have a Facebook account I'm good or I do not have a social media count but the thing is private data is public data. You cannot remove it. Clients can be connected to each other. If you have clients coming in using Facebook each consumer Facebook page will recognize does recognize the location they come into. While you may not have an account Facebook knows that John goes into the site every Monday at 8 AM. Then Bob goes into that particular location every Monday at 9 AM. Julie comes in every Monday at 11 AM. Maybe John Bob and Julie should connect with each other. Even without them knowing each other Facebook will send them a prompt saying here is a friend you may want to connect with. Just like that without you doing anything there confidentiality has been violated because now the clients can see each other and they can accept and connected with each other or they can look at each other's profile and no -- know they may also have a disability. That in itself is very office -- a very obvious violation. He has a therapist is thinking I'm good because I have done anything but it is not just a therapist getting connected. At that point the Geo locations are also recognizing that you are also there at all times. You may not have a Facebook account or social media count but your phones geolocation knows you are there. Your information is also going to pop up on different people's social media count. Even if you do not have the account they may be able to put your information on their website or their account and you can do nothing about it. Unless you go to every person who has possibly mentioned your name. If someone says rehab counselor Amanda is an credible person -- an incredible person. They know. By day I mean social media sites know that Amanda is a great rehab counselor. Amanda's name is going to be out there and you cannot remove it unless every single person who is used your name goes into their account and delete the information. Which let me say you cannot remove all of that public data once it becomes public. And then clients become connected to each other. If you want to read more on the article go on Google and type how face for -- Facebook figures out everyone you ever met. It opened my eyes to how important it is for us to be aware of the different ways social media could lead to potential violations. Recently Facebook's artificial intelligence robot had to be shut down forcefully after they started communicating with each other in their own language. We're talking about artificial intelligence robots that found a way to communicate with each other so that no human beings could understand what was being said. The folks at Facebook freaked out because this was completely unparalleled and had never been seen before. They did not know what these two robots were sharing with each other. It looks like a lot of gibberish but there were patterns of speech that indicated they may have been negotiating with each other over something. They both had a way of identifying themselves as a particular intelligence robot and the conversation seemed to go back and forth. There was some negotiation happening but humans could not recognize it. They shut it down, thankfully. That is scarier. Social media is moving on from being portals where we as humans are choosing to put information and evolving so much more into sets of data that are being collected about us possibly without our consent or understanding. I think it is imperative that counselors learn more about this. Instead of avoiding it altogether. So we can stay abreast with things and protect not just ourselves but our consumers and their identities and confidentiality's. Their services they are getting so they are able to come in and receive services without being concerned about ethical violations occurring. With that being said I think you for your time. I really appreciate you coming in and attending this webinar. If you have thoughts, comments, suggestions or questions please feel free to send me an email. [ Indiscernible - static ] I will leave it here and returned the mic back to Becky.

>> Great presentation. So much wonderful information. Like you said you could spend another three hours in that one area. We did have a couple of questions. One was my agency does not have a social media count. I think you've gotten the point across it is important to develop one. Do you have any recommendations? The CRCC website is available one of those for anyone to access. Do you have recommendations on where an agency might go to develop one?

>> I do not other than the CRCC. I think think you -- they do a good job of listing things out. They also have a designated representative that can be emailed regarding questions about social media presence and rehab counseling. That is the only resource I can think of right now.

>> Could you also address texting. You touched on it briefly but if you could go into it a little more.

>> Texting is a whole another big topic. I know several of you -- text the client and let them know when you're coming in where you are meeting. It becomes more important to have a conversation with your clients. At the very onset of that relationship to let them know that when I text you it is prefer professional please do not text me if you have an urgent question which could be something you can ask when we meet next time. Setting boundaries when it comes to texting. I worked a lot with graduate students. I share my cell phone number.

>> Before sure the number know that I'm sure the number with you and it is truly for emergencies. If you text me about something I do not deem as being time sensitive or urgent I will not respond to that text message. In which case send me an email if you have not heard back from you via text. That is my boundary when it comes to text messaging. Yours, depending on your agency requirements of testing -- texting may be different. I would encourage you to be able[ Indiscernible ]

>> That leads back to the first part of your presentation. Thank you very much, Dr. Sharma. We appreciate you being here with us today and sharing this information. Helping us to understand that we have a ongoing responsibility to stay in knowledge with technology. This webinar was recorded. It will be posted on the UMT website. You will receive a email with an evaluation link for the webinar. Please complete our survey. Your feedback is vital for improving and approving our webinar listings. A certificate of completion will be uploaded to your user portal within the next 3 to 5 business days. As always we offer CRC credit for this session. Please contact us at you in T us@youinT.edu -- UNT.edu thank you for your attendance and attention. Hope you all have an excellent day. [ Event Concluded ]