



THE USE OF SOCIAL MEDIA: TRAINEE PERSPECTIVES ON SUPERVISION

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OUTLINE

- ❖ Deconstructing 'Social Media' – what do we mean by this?
- ❖ Clinical concerns and potential dilemmas in regard to supervision
 - ❖ Issues around online 'professional' groups
 - ❖ Issues around client contact online
 - ❖ Issues around online privacy
- ❖ Knowing your own position as a clinician
- ❖ Vignettes & Discussion

...But please chip in and discuss at any time!

SO WHAT DO WE MEAN BY 'SOCIAL MEDIA'?

- ❖ Various definitions
- ❖ First use of the term recorded as 2004
- ❖ “Forms of **electronic communication** (such as websites for social networking and microblogging) through which **users create online communities** to share information, ideas, personal messages, and other content (such as videos)”

(Merriam-Webster)

SOCIAL MEDIA EXPLAINED

TWITTER I'M EATING A #DONUT

FACEBOOK I LIKE DONUTS

FOUR SQUARE THIS IS WHERE
I EAT DONUTS

INSTAGRAM HERE'S A VINTAGE
PHOTO OF MY DONUT

YOU TUBE HERE I AM EATING A DONUT

LINKED IN MY SKILLS INCLUDE DONUT EATING

PINTEREST HERE'S A DONUT RECIPE

LAST FM NOW LISTENING TO "DONUTS"

G+ I'M A GOOGLE EMPLOYEE
WHO EATS DONUTS.

FORMS OF SOCIAL MEDIA: MORE THAN WE THINK?

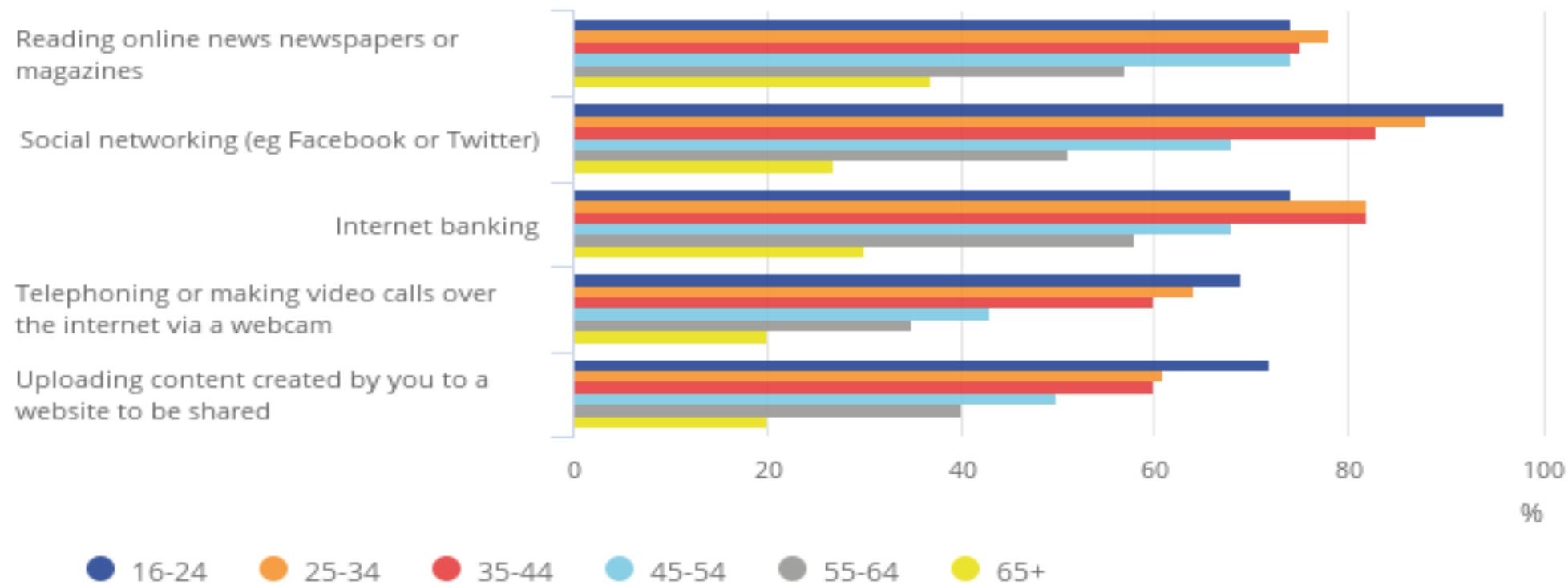
- ❖ Social networking sites/apps (Facebook, MySpace, Twitter)
- ❖ Media sharing sites/apps (Instagram, YouTube, Facebook, Snapchat, Pinterest)
- ❖ Blogging sites (Tumblr, Wordpress), and microblogs (Twitter)
- ❖ Professional networking sites (LinkedIn, ResearchGate)
- ❖ Knowledge sharing/gathering sites (Wikipedia, TripAdvisor)
- ❖ File sharing (Mendeley, Dropbox, ResearchGate)
- ❖ Gaming sites and virtual reality (Minecraft, consoles with online access)
- ❖ Dating sites/apps (Tinder, Grindr, Bumble, Plenty of Fish)

(extended from Ventola, 2014)

SO WHY IS IT RELEVANT TO US?

- ❖ UK use of the internet for social networking rose from 45% in 2011 to 66% in 2017 – (Office for National Statistics, 2017)
- ❖ Cyberspace: cultural context of the millennial generation (and beyond!) who are shown as being skilled in digital communication (Lehavot, Barnett, & Powers, 2010)
- ❖ Codes of practice e.g. BPS (2009) – ‘to understand and engage with the cultural context of the clinical population’
- ❖ Essential that it is incorporated into the psychologists’ cultural awareness of the client (Asay & Lal, 2014)
- ❖ Applications for working with both clients and supervisees.

Figure 4: Internet activities by age group, 2017, Great Britain



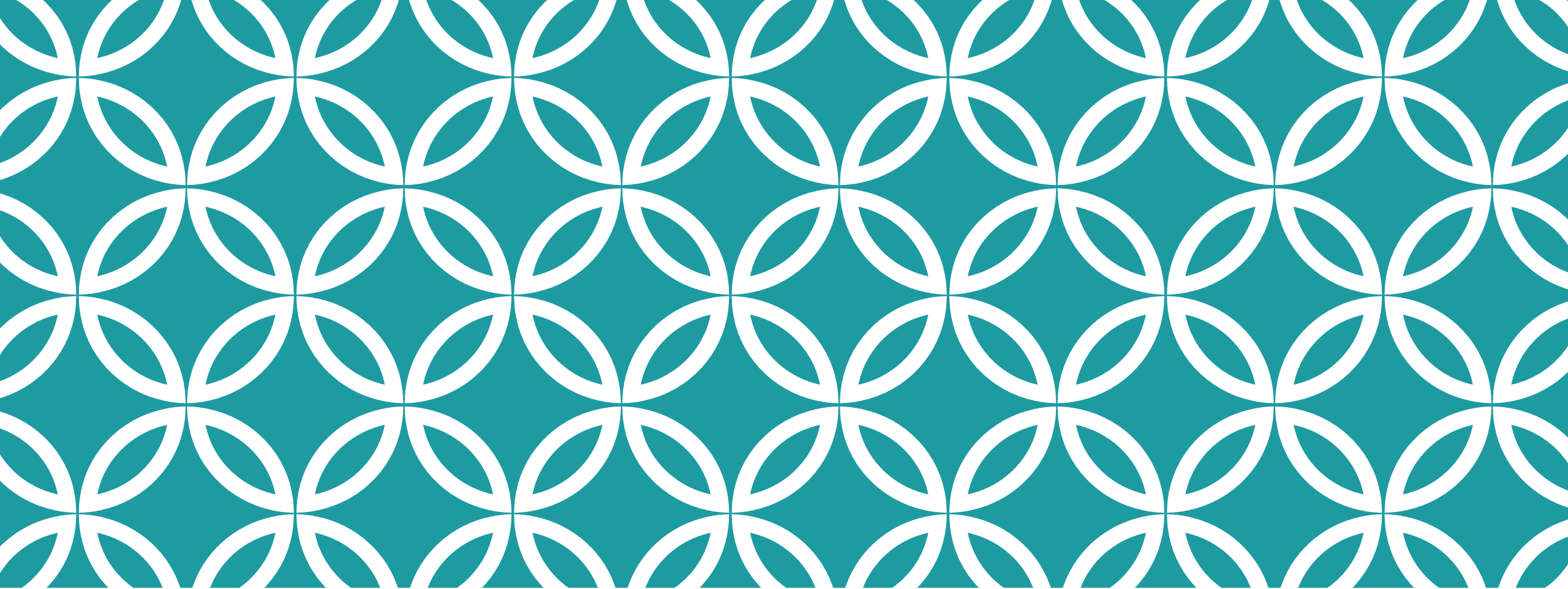
Source: Office for National Statistics

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...AND WHY IS IT RELEVANT TO SUPERVISORS?

- ❖ DiLillo & Gale (2011) study found the most common reasons for Googling clients:
 - (a) Gaining a better understanding of the client's outside life
 - (b) Clarifying personal information such as phone numbers or addresses
 - (c) Investigating issues that arose in therapy (i.e., risk issues or confirming questionable client reports)
- ❖ 82% of doctoral students in America told clients about searches, however were **less likely/comfortable to share this with supervisors.**
- ❖ Key to **discuss with students the ethical and therapeutic implications** of conducting online searches to avoid ethically compromising situations

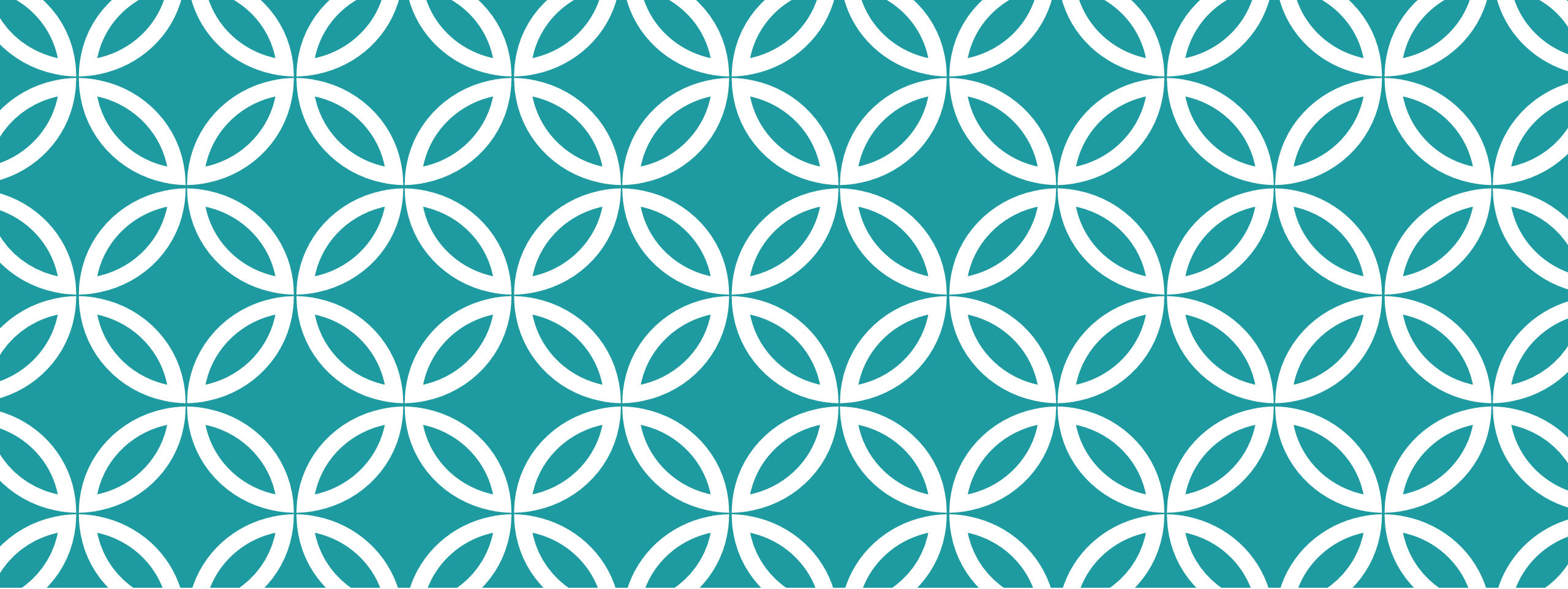


CLINICAL CONCERNS AND POTENTIAL DILEMMAS IN REGARD TO SUPERVISION

Online 'professional'
groups

ONLINE 'PROFESSIONAL' GROUPS: RISKS

- ❖ Not properly regulated and groups/forums misrepresented as private: no guarantees about identities of members or who will have access and visibility to posts/information and for how long
- ❖ Risk of breaches of confidentiality to **patients and supervisees/colleagues**, and no procedure in place to safeguard against this or to rectify or assess/control damage following a breach - 17% providing this type of information on their blogs (Lagu, Kaufman, Asch, & Armstrong, 2008)
- ❖ Heated debates on emotive issues
- ❖ Disclosures of personal issues
- ❖ Phenomenon of 'keyboard warriors' – we are not exempt from behaving out of character online
- ❖ 'Benefits' such as social networking, participant pool etc. negated by not regulating identities fully online

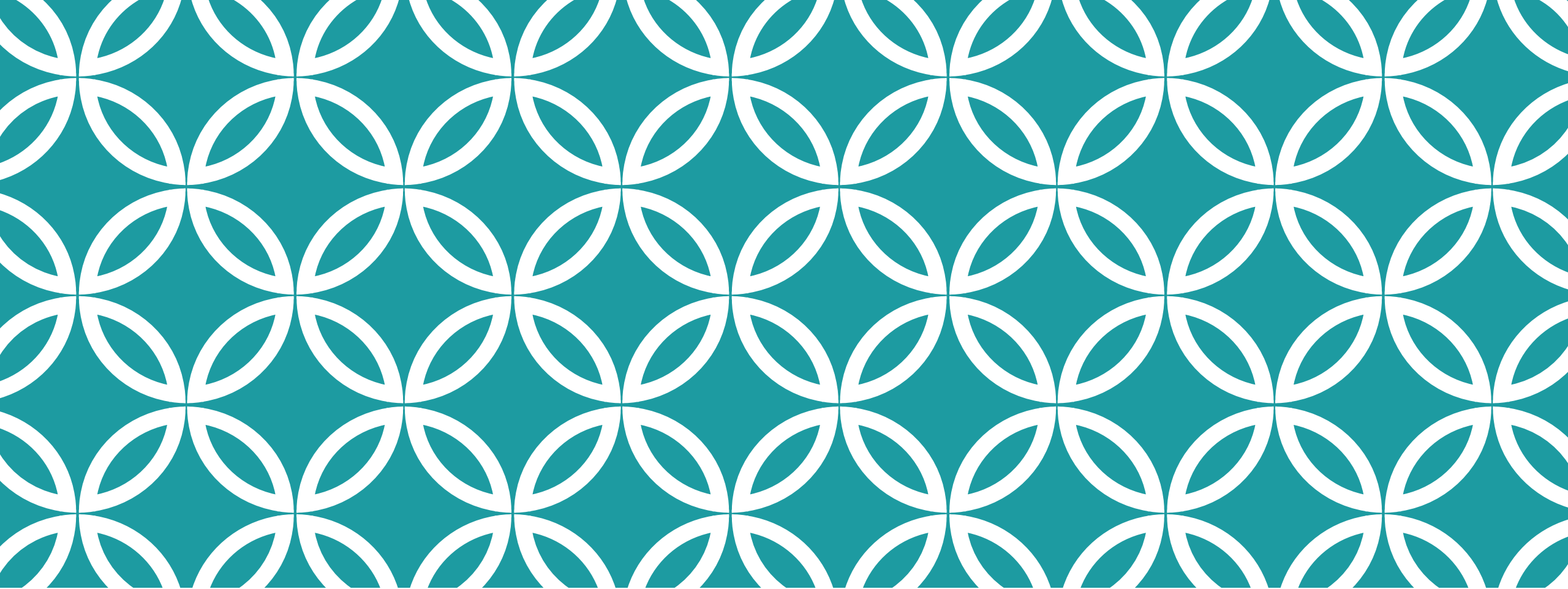


CLINICAL CONCERNS AND POTENTIAL DILEMMAS IN REGARD TO SUPERVISION

Client contact

ISSUES AROUND CONTACT WITH CLIENTS ONLINE

- ❖ 30% qualified psychologists and counsellors in Australia had received a friend request from a client (Osis & Pelling, 2015).
- ❖ DiLillo & Gale (2011) - 82% of doctoral students in America told clients about Google searches, however were **less likely/comfortable to share this with supervisors.**
- ❖ Even taking away issue of deliberate searching, may be possible that you have 'mutual friends' or they are aware of your online presence, potentially impacting on relationship
- ❖ Within inpatient settings particularly difficult – there may be interactions discussed which raises ethical dilemmas around knowing or not knowing of virtual interactions



CLINICAL CONCERNS AND POTENTIAL DILEMMAS IN REGARD TO SUPERVISION

Online privacy

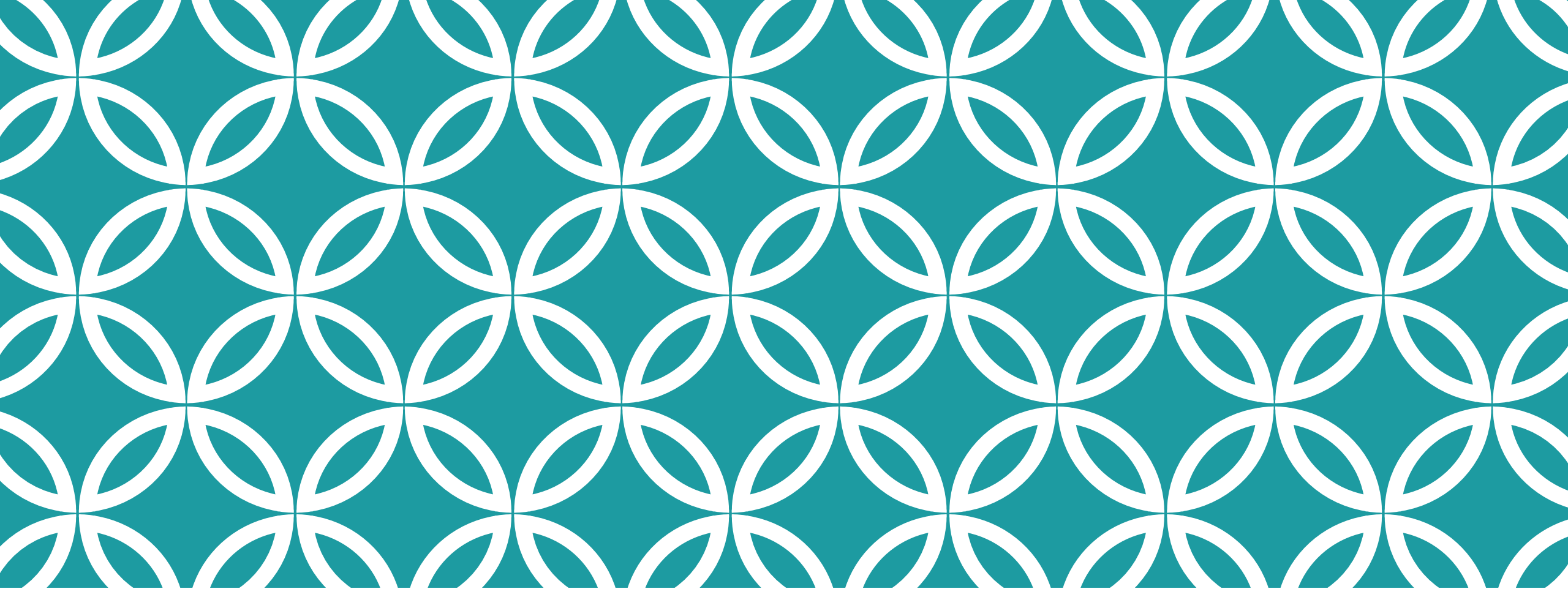
ONLINE PRIVACY ISSUES

- ❖ Depending on privacy/security issues, anyone can look you up and find info you didn't choose to share – even if you have attempted to delete it (Coiffait et al., 2012)
- ❖ US study of over 800 clinical psychology doctoral students found that whilst 76% thought it was 'always' or 'usually' unacceptable to look up clients on social networking sites, 94% had searched for a client in the past year typically (DiLillo & Gale, 2011)
- ❖ Social media complicates notion of self-disclosure for clients and trainees, trainees and supervisors: all and any information posted to social media has the **potential** to find its way to clients, employers, colleagues and supervisees
- ❖ However, perhaps this is not always a bad thing...?
 - ❖ Supporting assessment of risk i.e. inpatient or CAMHS
 - ❖ Needing to know more about potential client's affiliations/connections before picking up
 - ❖ Potential to lessen us/them barrier (exposing our humanity and fallibility)
 - ❖ Finding shared experience/beliefs/opinions of others in the field/potential supervisors

HOWEVER...!

- ❖ The term 'new privacy' has been used to refer to limiting the number of people who have access to information, with completely restricted access believed to be an unrealistic expectation in the advent of SM

(Melber, 2008, cited in Asay & Lal, 2014).



KNOWING YOUR OWN POSITION AS A CLINICIAN



KNOWING YOUR POSITION AS A CLINICIAN

- ❖ Having a position statement and encouraging supervisee to do the same
- ❖ Informed consent (e.g. written consent form)
- ❖ Creating guidelines on how to document this in clinical records within your service
- ❖ Self-reflection when making decisions about using the internet/SM
- ❖ Part of dialogue in supervision
- ❖ Using tools to facilitate decision making e.g. the potential risks and benefits, and how these can be objectively measured (Clinton, Silverman, & Brendel, 2010).